DEPT.-65

JOB- 28

REEL- 3

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. — 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below!

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/25/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☒ X	☐	☐

REMARKS:
1 negative Roll
1 Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FILED ON FILM

IN

NUMERICAL ORDER

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* [illegible]

4. *Place of Birth* (*Street and Number*) 10 [illegible] Street

5. *Full Name of Mother* [illegible]

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father* [illegible]

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address 54 E. Lombard St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Saturday December 4th 1875
4. Place of Birth (Street and Number)	91 China Street
5. Full Name of Mother	Martha Ann Sander
6. Mother's Maiden Name	Martha Ann Collar
7. Mother's Birthplace	Virginia
8. Full Name of Father	James Sander
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Nancy Lokey
Address	No 6 Clarkson Alley
Remarks	Child Large & did breathe

7813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~) 7th

1. Sex (~~*state whether Male or*~~ *Female*)

2. Race or Color (~~*if not of the white race*~~)

3. Date of Birth Dec 4th

4. Place of Birth (Street and Number) 15 Talbert St

5. Full Name of Mother Mary Cynthia Hamill

6. Mother's Maiden Name Mrs " " Ratcliffe - "Miss Stewart"

7. Mother's Birthplace N Carolina

8. Full Name of Father Robert Hamill

9. Father's Occupation Crude Oil Refinery

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who make this Return. A Lee Sherfey M.D.

Address 117 E. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7814

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 4. 1875
4. *Place of Birth (Street and Number)* South Wolfst. 29. 1875
5. *Full Name of Mother* Kunigunde Schessler
6. *Mother's Maiden Name* Kunigunde Geto
7. *Mother's Birthplace* Rotterbach Bayern
8. *Full Name of Father* Joseph Schessler
9. *Father's Occupation* Wortsarbeiter
10. *Father's Birthplace* Salzberg Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Bauspach

Address South Wolfst. N 28

Remarks Mid wife

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2

RETURN OF A BIRTH.

7813

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 4th 1875

4. Place of Birth (Street and Number) 11 Church St

5. Full Name of Mother Jane Isabella Pierce

6. Mother's Maiden Name George

7. Mother's Birthplace Lancaster Co. Va.

8. Full Name of Father Wm. B. Pierce

9 Father's Occupation Carpenter

10. Father's Birthplace Lancaster Co. Va.

Name of Medical Attendant, or other Person who makes this Return. J. N. Christian M.D.

Address 731 Penna. Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7516

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 4th 1875

4. Place of Birth (Street and Number) 240 Ramsay St

5. Full Name of Mother Maria Ferdy

6. Mother's Maiden Name Kathers

7. Mother's Birthplace Cecil County Md.

8. Full Name of Father William Ferdy

9. Father's Occupation R. R. Fireman

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. Milton White M.D.

Address 845 N. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7817

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 4. 1875

4. Place of Birth (Street and Number) 221 George St.

5. Full Name of Mother Amanda H. Fishack

6. Mother's Maiden Name Amanda Horner.

7. Mother's Birthplace Penna.

8. Full Name of Father John Fishack

9. Father's Occupation Marble Worker

10. Father's Birthplace Penna.

Name of Medical Attendant, or other Person who makes this Return. J. W. F. Hank.

Address 118 N. Biddle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
19
1875
BALTIMORE

Name of Child: Frederick Max Loos

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 4th 1875.
4. Place of Birth (Street and Number)	137 S. Green Street
5. Full Name of Mother	Eleanora Loos
6. Mother's Maiden Name	E. (Bichts) Burkt
7. Mother's Birthplace	Saxon Germany
8. Full Name of Father	Emil Loos
9. Father's Occupation	Butcher
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wiesel
Address	36 Cecil Alley
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

7919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6) child of first Mother

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 5th December 1875

4. *Place of Birth (Street and Number)* 162 N. Schroeder St.

5. *Full Name of Mother* Johanna Frecter

6. *Mother's Maiden Name* Johanna Frecter

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Chas Frecter

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace* Württemberg

Name of Medical Attendant, or other Person who makes this Return. Dr. Dunker

Address 60. Schroeder Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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7828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 5th 1875
4. Place of Birth (Street and Number)	1116 Eastern Ave & Chapel Pl
5. Full Name of Mother	Katherine Rohden
6. Mother's Maiden Name	Katherine Hutaler
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Rohden
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. Webster Cattell M.D
Address	1144 Eastern Ave
Remarks	

JAN 3 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th December.
4. *Place of Birth (Street and Number)* 186 Chapel St.
5. *Full Name of Mother* Elisabeth Slik
6. *Mother's Maiden Name* " " Hay.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Adam Slik.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return: Jo. Conrad

Address No 20. Barnet St

Remarks

rect Record of Vital Statis in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth 5th Dec.
4. Place of Birth (Street and Number) N° 284 Argyle Ave.
5. Full Name of Mother Sarah Elizabeth Kopp.
6. Mother's Maiden Name
7. Mother's Birthplace Manchester, Carroll Co. Md.
8. Full Name of Father Louis Henry Kerlinger.
9. Father's Occupation Clerk.
10. Father's Birthplace Manchester, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger. M. D.,

Address N° 267 Druid Hill Avenue.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 children

1. Sex (state whether Male or Female) Postage

2. Race or Color (if not of the white race) White

3. Date of Birth 5th December 1875

4. Place of Birth (Street and Number) 169 South Martin Alley

5. Full Name of Mother Barbara Friday

6. Mother's Maiden Name Barbara Shirk

7. Mother's Birthplace Germany

8. Full Name of Father George Shirk

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Gerhardt

Address 71 Baltimore Street

Remarks Healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 3rd 1875.
4. Place of Birth (Street and Number)	93 n. Strader Ave.
5. Full Name of Mother	Eliza Bachmann
6. Mother's Maiden Name	E. Kerner
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Ludwig Bachmann
9. Father's Occupation	Tailor
10. Father's Birthplace	Hessen Cassel
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36. East Street.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 5th " 1875
4. Place of Birth (Street and Number)	Baltimore York st. No 40
5. Full Name of Mother	Annie Mc. Comas
6. Mother's Maiden Name	" Haley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Mc. Comas
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 202 S. Charles st.
Remarks	It Come before its time, it only lived about half an hour after it was ~~born~~ born

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11 1876
BALTIMORE

75216

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Second~~ Third
1. Sex (state whether Male or Female)	X Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 5. 1875
4. Place of Birth (Street and Number)	* 471 N. Gay st.
5. Full Name of Mother	Mary Ann Beck
6. Mother's Maiden Name	" Vondergreen
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Beck
9. Father's Occupation	Cigar manufacturer & Dealer in Tobacco
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	* 305 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING
#7827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1928

HEALTH DEPARTMENT DEC 10 1928 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d &c~~) .....

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 5th 1928
4. *Place of Birth* (Street and Number) No 62 S. Clinton St
5. *Full Name of Mother* Agnes Petrol
6. *Mother's Maiden Name* Krecker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Oscar A. Petrol
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Spencer Jr

Address 3747 Fleet St

Remarks 4

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 3 1875
4. *Place of Birth (Street and Number)* 343 O Eair st.
5. *Full Name of Mother* Caroline Wohlgemuth
6. *Mother's Maiden Name* Caroline Seibel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Wohlgemuth
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Wolf

Address 125 N Caroline st.

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7830

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Dec 5 74
4. Place of Birth (Street and Number)	210 S Orleans St
5. Full Name of Mother	Elizabeth Roods
6. Mother's Maiden Name	Elizabeth Cooper
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	George Roods
9. Father's Occupation	Waiter
10. Father's Birthplace	Talbot County Md
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Woolford Midwife
Address	230 Exeter Baltimore City
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15.31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	5th December 1875
4. Place of Birth (Street and Number)	373 Eastern Avenue
5. Full Name of Mother	Anna Conrad
6. Mother's Maiden Name	" Zwichter
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Conrad
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Capes
Address 52 E Lombard St.	
Remarks	

7832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	5th December 1875
4. Place of Birth (Street and Number)	No 80 Hollen
5. Full Name of Mother	Sophia Planar
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	North Carolina
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	A Rosta Williams
Address	No 70 Chestnut Street
Remarks	Mother Still dawns Well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from the Code of Public Local Laws of Baltimore City, Article 12, Section 133, relating to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	4th December 1875
4. Place of Birth (Street and Number)	112 Sterling Street
5. Full Name of Mother	Olivia Jane Goods
6. Mother's Maiden Name	Olivia Jane Robinson
7. Mother's Birthplace	North Cumberland County of
8. Full Name of Father	Henry Goods
9. Father's Occupation	Porter
10. Father's Birthplace	West Moreland County
Name of Medical Attendant, or other Person who makes this Return.	O Reynolds Williams
Address	107 Eutaw Street
Remarks	Mother & child doing well

78311

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 5th 1875
4. Place of Birth (Street and Number)	378 Charles st.
5. Full Name of Mother	Cathern Schoenhardt
6. Mother's Maiden Name	" Jacob
7. Mother's Birthplace	America
8. Full Name of Father	Jacob Schoenhardt
9. Father's Occupation	Barber
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaiber midwife
Address	213 Chase st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7835

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 6th 75

4. Place of Birth (Street and Number) No 339 ½ Small St

5. Full Name of Mother Laura Victoria Gibson

6. Mother's Maiden Name Laura Victoria Hanson

7. Mother's Birthplace Hartford County, Md.

8. Full Name of Father Arthur Black Gibson

9. Father's Occupation Seaman

10. Father's Birthplace Cecil County, Md.

Name of Medical Attendant, or other Person who makes this Return. John G. Hamilton M.D.

Address No 203 N. Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5c

1. *Sex (state whether Male or Female)* 3 Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 5th 1875
4. *Place of Birth (Street and Number)* Parish ft. 54 Baltimore
5. *Full Name of Mother* georgeannar Morison
6. *Mother's Maiden Name* georgannar gordon
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Francis Morison
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Harvard CO. Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs E Leitungor

Address 677 Eutaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Secon Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 5th 1875
4. Place of Birth (Street and Number)	No 211 South Chester st
5. Full Name of Mother	Maria Brooks
6. Mother's Maiden Name	Maria Cummings
7. Mother's Birthplace	Western Shore Maryland
8. Full Name of Father	John Brooks
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Fry
Address	193 South Chester St
Remarks	Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Baltimore

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 5th 1875.

4. Place of Birth (Street and Number) No 190 Chapel St.

5. Full Name of Mother Mary [redacted] Bauer.

6. Mother's Maiden Name Mary Hirsch

7. Mother's Birthplace Germany.

8. Full Name of Father Jacob Bauer.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. M. M. McDermott.

Address No. 137 S Wolfe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7834

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th of December
4. *Place of Birth (Street and Number)* No 59 E. Castle St.
5. *Full Name of Mother* Anna Ritter
6. *Mother's Maiden Name* Anna Seitz
7. *Mother's Birthplace* Reichenbach Bavaria
8. *Full Name of Father* Henry Ritter
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Lewis Bavaria

Name of Medical Attendant, or other Person who makes this Return. H. Leduc

Address 231 E. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

18 115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* African, Black
3. *Date of Birth* December fifth 1875
4. *Place of Birth (Street and Number)* 2 Peach Alley N° 24, Baltimore
5. *Full Name of Mother* Matilda Bradley
6. *Mother's Maiden Name* Matilda Sandham
7. *Mother's Birthplace* Kent Island, Md,
8. *Full Name of Father* Charles Bradley
9. *Father's Occupation* Oyster chucker
10. *Father's Birthplace* Kent Island, Md,

Name of Medical Attendant, or other Person who makes this Return, Charlotte S. Johnson.

Address 158, Wagner, St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 15. 1
4. *Place of Birth (Street and Number)* No. 21 Eden St
5. *Full Name of Mother* Martha Wilkinson
6. *Mother's Maiden Name* Martha Cumming
7. *Mother's Birthplace* England
8. *Full Name of Father* James Wilkinson
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno H. Higgins

Address 130 Thames St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

78112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Dec. 6

4. *Place of Birth* (Street and Number) 175 N. Eden St

5. *Full Name of Mother* Sarah R. Lankford

6. *Mother's Maiden Name* Wilson

7. *Mother's Birthplace* Worcester Co Md.

8. *Full Name of Father* Henry Wilson

9. *Father's Occupation* Seaman

10. *Father's Birthplace* Unknown

Name of Medical Attendant, or other Person who makes this Return. Dr. Gantt

Address 137 Aliceanna

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Per Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

7543

HEALTH DEPARTMENT
DEC 14 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	6th of December
4. Place of Birth (Street and Number)	Chapel Street No 111.
5. Full Name of Mother	Denie Denkins
6. Mother's Maiden Name	
7. Mother's Birthplace	Eastern Shore
8. Full Name of Father	John Denkins
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Henrietta Glascoe
Address	Orleans St East
Remarks	

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 6th 1875
4. Place of Birth (Street and Number)	253 East Lombard St
5. Full Name of Mother	Ann Cecilia Parks
6. Mother's Maiden Name	Ann Cecilia Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H. H. Parks
9. Father's Occupation	Clerk & Pump Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Brendel
Address	12 208 South Bond St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

78111

DEC 1875

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7845

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC 21 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) a ont child was

1. Sex (state whether Male or Female) bond on dec

2. Race or Color (if not of the white race) a col ord child the mother

3. Date of Birth 6 December the 2 son of george an

4. Place of Birth (Street and Number) bet the Mc bet ry 41 St

5. Full Name of Mother georg an

6. Mother's Maiden Name georg an Ruff

7. Mother's Birthplace bond in Harford co Md

8. Full Name of Father Jacob an der Ruff

9. Father's Occupation in Baltimore county Md

10. Father's Birthplace bond in Harford county

Name of Medical Attendant, or other Person who makes this Return. an on Ruff mid wife Baltimore

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

78116

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	6 Dec 1876
4. Place of Birth (Street and Number)	86 S. Ann
5. Full Name of Mother	Francis Schmidt
6. Mother's Maiden Name	" Ferrer
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Schmidt
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

RETURN OF A BIRTH.

7847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 6th 1875
4. Place of Birth (Street and Number)	36 S Eutaw St
5. Full Name of Mother	Catherine Howard
6. Mother's Maiden Name	Catherine Hayford
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John L H Howard
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bethell M D
Address	1½ S Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 3 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1875
4. Place of Birth (Street and Number)	1 Winter pl
5. Full Name of Mother	Mary Brad
6. Mother's Maiden Name	Mary Conner
7. Mother's Birthplace	Ireland
8. Full Name of Father	Andrew Brad
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thos D Ellis
Address	146 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Record of Vital Statistics.

RETURN OF A BIRTH.

S.S. 7849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1878
4. Place of Birth (Street and Number)	205 Hanover st
5. Full Name of Mother	Lavinia A Anderson
6. Mother's Maiden Name	Lavinia A Barger
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jas. C Anderson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bolte M.D.
Address	146 Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of duty as required by the Act of Assembly establishing a Registry of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within ~~ten~~ days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1875
4. Place of Birth (Street and Number)	146 McCulloh St.
5. Full Name of Mother	Emily R. Ernest
6. Mother's Maiden Name	Emily R. Hedley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. W. Ernest
9. Father's Occupation	Baker
10. Father's Birthplace	Accomac Co: Va.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hilleboyer
Address	121 W. Monument St
Remarks	

RETURN OF A BIRTH.

7851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) ~~with~~ white
3. *Date of Birth* 6th December
4. *Place of Birth* (Street and Number) E. Lombard Street 128
5. *Full Name of Mother* Dedolphine Krause
6. *Mother's Maiden Name* Dedolphine Kinze
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Eduard Krause
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhardt

Address 224 W Fayette Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Dec 6th 1875
4. *Place of Birth* (Street and Number) 58 Barker st
5. *Full Name of Mother* Mary Hainmann
6. *Mother's Maiden Name* Mary Bohne
7. *Mother's Birthplace* Hanover
8. *Full Name of Father* Henry Hainmann
9. *Father's Occupation* Box maker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Meisenheit

Address 214 Preston st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth – Still born
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 6th 1875
4. Place of Birth (Street and Number)	Moores Alley No 40
5. Full Name of Mother	Mary Eliza Chew
6. Mother's Maiden Name	Mary Eliza Franklin
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	John Lewis Chew
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Savage
Address	No. 18 Orchard Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

78541

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 children
1. Sex (state whether Male or Female)	last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th December
4. Place of Birth (Street and Number)	5 South Hanover Street
5. Full Name of Mother	Gisela Herwig
6. Mother's Maiden Name	Gisela Ulrich
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry A. Ulrich
9. Father's Occupation	Lutheran
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. John Kimball
Address	71 North Chapel
Remarks	Healthy

RETURN OF A BIRTH.

1853

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	6 December 1875
4. Place of Birth (Street and Number)	70 st Avenue (no number)
5. Full Name of Mother	Ann Rebecca Lycett
6. Mother's Maiden Name	Ann Rebecca Whitesell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Lycett
9. Father's Occupation	Engineer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster M.D.
Address	57 Burrell
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
6
1876
BALTIMORE

1856

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 6th 1875

4. Place of Birth (Street and Number) John St east of Caroline

5. Full Name of Mother Edith M. Stuart

6. Mother's Maiden Name Edith May Eastman

7. Mother's Birthplace Baltimore

8. Full Name of Father Guy Bryan Stuart

9. Father's Occupation Commission Merchant

10. Father's Birthplace Pittsburg Pa

Name of Medical Attendant, or other Person who make this Return. Jos. Lloyd Martin M.D.

Address No 38 Mt Vernon Place

Remarks

7857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 6th 1875
4. *Place of Birth* (Street and Number) E. Baltimore St. No. [illegible].
5. *Full Name of Mother* Karolina ~~Hof~~ Harford
6. *Mother's Maiden Name* Karolina May
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Samuel Harford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Lippe Detmold Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Monday Dec. 6th 1875
4. Place of Birth (Street and Number)	N.E. cor Dallas & Chew Sts
5. Full Name of Mother	Margaret Mary Cummings
6. Mother's Maiden Name	Margaret Mary Paterson
7. Mother's Birthplace	London - England
8. Full Name of Father	Robert Keys Cummings
9. Father's Occupation	Clerk - Adams Express Co.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Christmer
Address	129 E Monument St
Remarks	Baltimore Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics.

7859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 11 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th December 1875
4. Place of Birth (Street and Number)	Cor Washington & Fayette
5. Full Name of Mother	Helene Bachman
6. Mother's Maiden Name	" Deist
7. Mother's Birthplace	Germany
8. Full Name of Father	Thomas Bachman
9. Father's Occupation	Proprietor of a Restaurant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

Fees Recorded by the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 6th 1875
4. Place of Birth (Street and Number)	N. E. Cor of Bond & Miller st
5. Full Name of Mother	Amandd. A. Whittle
6. Mother's Maiden Name	Amanda A. Brunel
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Albert Brunel
9. Father's Occupation	Cor Conductor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Amanda Browne
Address	827 E. Monument Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1867

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec 6th 1875.

4. Place of Birth (Street and Number) William Street No 354.

5. Full Name of Mother Julia Meyer

6. Mother's Maiden Name Julia Rossmann

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Ferdinand Meyer

9. Father's Occupation Labor

10. Father's Birthplace Prussia C. Party of Ca

Name of Medical Attendant, or other Person who makes this Return. Dr Theodore Brune.

Address 114 E Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 8th.

4. Place of Birth (Street and Number) Lemon Lane Tote; Frederick Rd

5. Full Name of Mother Barbara Gick

6. Mother's Maiden Name Barbara Geisler

7. Mother's Birthplace Germany.

8. Full Name of Father George Gick

9. Father's Occupation Brewer

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address Catharine Dock & 37 Bartlett st.

Remarks

Feet Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 6th 1875

4. Place of Birth (Street and Number) 139 Scott st

5. Full Name of Mother Emma B Benson

6. Mother's Maiden Name Poulton

7. Mother's Birthplace Balto city

8. Full Name of Father Jesse F Benson

9. Father's Occupation Brickmaker

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. M Hennessy

Address 76 E Pacca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Baltimore, Md. 75.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 2d

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Dec 6th 1875.

4. Place of Birth (Street and Number) No 296 Aliceanna St.

5. Full Name of Mother Anna Bulger.

6. Mother's Maiden Name Anna Schwartz.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Henry Bulger.

9. Father's Occupation Laborer.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S Wolfe St.

Remarks ———

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48

RETURN OF A BIRTH.

7865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 6. 1875
4. Place of Birth (Street and Number)	23 Pratt str 258
5. Full Name of Mother	Magdalena Gebner
6. Mother's Maiden Name	Magdalena Dinus
7. Mother's Birthplace	Wilderndorf Ungarn
8. Full Name of Father	Mathias Gebner
9. Father's Occupation	Schuhmacher
10. Father's Birthplace	Wilderndorf Ungarn
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Burgunch
Address	South Wolf str 28
Remarks	Landwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics

7866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 ist child
1. Sex (state whether Male or Female)	a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 th November 1875
4. Place of Birth (Street and Number)	9. North Hanover st
5. Full Name of Mother	Herman Susanna Eckert
6. Mother's Maiden Name	Engel girl
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Koerting
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentius Kunkel
Address	11 Northhampton street n. John
Remarks	Healthy

7867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 6th 1875
4. Place of Birth (Street and Number)	286 Cross Street
5. Full Name of Mother	Maria Stange
6. Mother's Maiden Name	" " ~~Keller~~ Keller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Stange
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Mineh
Address	74 Leadenhall Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1854

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 6th of Dezember
4. *Place of Birth* (Street and Number) E. Pallas St.
5. *Full Name of Mother* Catharina Wieman
6. *Mother's Maiden Name* Wiedenspahn
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Philipp Wieman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Oberwesterwald

Name of Medical Attendant, or other Person who makes this Return. P. Zadeker

Address 20 S. Durham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1869

HEALTH DEPARTMENT
DEC
11
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 6 December 1 1875

4. Place of Birth (Street and Number) 61 Burgundy Alley

5. Full Name of Mother Sarah Elizabeth Bowser

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father Frank Bowser

9. Father's Occupation Waiter Sailor

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Young 1 Burgundy Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not [illegible] white race)	White
3. Date of Birth	Dec 6th 75
4. Place of Birth (Street and Number)	154 Penn Ave
5. Full Name of Mother	Florence Toner
6. Mother's Maiden Name	" Shaw
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J C. Toner
9. Father's Occupation	Supt Melrose Dairy
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	F. D. Booker M.D.
Address	143 N Eutaw St
Remarks	

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Dec 6th 1875

4. Place of Birth (Street and Number) 588 W Balto St

5. Full Name of Mother Ann Belle Arnold

6. Mother's Maiden Name Ann Belle Mason

7. Mother's Birthplace Virginia

8. Full Name of Father Wm Arnold

9. Father's Occupation Huckster

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Sadler

Address #1 Waverly Terrace

Remarks

RETURN OF A BIRTH.

7872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 5th
4. *Place of Birth (Street and Number)* No 310 N. Ann Street
5. *Full Name of Mother* Emma S. Wright
6. *Mother's Maiden Name* Musick
7. *Mother's Birthplace* Philadelphia Penn
8. *Full Name of Father* Solomon R. Wright
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kleber M.D.

Address 222 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth—sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1875
4. Place of Birth (Street and Number)	No 263 Gough St
5. Full Name of Mother	Elizabeth Grosnick
6. Mother's Maiden Name	Elizabeth Kuf
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Grosnick
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Grey
Address	193 South Chester St
Remarks	Healthy Child

7873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 7th 1875
4. *Place of Birth (Street and Number)* Little McElderry St. No 36.
5. *Full Name of Mother* Rosina Reigert
6. *Mother's Maiden Name* Rosina Hahn
7. *Mother's Birthplace* Oeschelbrun K. Wirtemberg Germany
8. *Full Name of Father* Joham Reigert
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Neuhausen K. Wirtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother [redacted] *1st, 2d, 3d, &c.)*	6 R.
1. Sex (state whether [redacted] *female)*	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 Oct 1875
4. Place of Birth (Street and Number)	No 13 Perry St
5. Full Name of Mother	Margret Rauch
6. Mother's Maiden Name	Margret Mahler
7. Mother's Birthplace	in Germany
8. Full Name of Father	Jacob Rauch
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Mrs. Schach in Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Wm Lexutt M.D. 239
Remarks	

OCT 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1873

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 7
4. Place of Birth (Street and Number)	244 S. Bond St
5. Full Name of Mother	Louise Rippel
6. Mother's Maiden Name	Louise ~~Rippel~~ Schmidt
7. Mother's Birthplace	Bayern
8. Full Name of Father	Otto Henry Rippel
9. Father's Occupation	Kuppet Leder
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Reginald Hirshberg
Address	No 280 S. Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 7. 75.
4. Place of Birth (Street and Number)	Chase n Ann
5. Full Name of Mother	Mary Land
6. Mother's Maiden Name	Lamplein
7. Mother's Birthplace	Balt
8. Full Name of Father	Geo. W. Eccleston
9. Father's Occupation	Builder
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH JAN 4 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 9. 1875
4. Place of Birth (Street and Number)	573 W. Fremont St.
5. Full Name of Mother	Maggie Kirk
6. Mother's Maiden Name	Maggie Donelly
7. Mother's Birthplace	Balt City
8. Full Name of Father	Lew Kirk
9. Father's Occupation	
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Martin Brown
Address	20 W. Biddle St.
Remarks	

7878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 7th 1875
4. *Place of Birth (Street and Number)* S. Dallas St. No. 126.
5. *Full Name of Mother* Anna Bohm
6. *Mother's Maiden Name* Anna Kleinknecht
7. *Mother's Birthplace* Unterweise Kr. Wurtemberg Germany
8. *Full Name of Father* Augyst Bohm
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Oberamholz Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st December 1875
4. Place of Birth (Street and Number)	South Eden Street #94
5. Full Name of Mother	Marion Cunningham
6. Mother's Maiden Name	" Lucky
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Ira Cunningham
9. Father's Occupation	Bar Keeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Libby
Address	#46 Holland Street East
Remarks	

7859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st December 1875.
4. Place of Birth (Street and Number)	63 Charles Street
5. Full Name of Mother	Sarah Steinmeyer
6. Mother's Maiden Name	Wassermann
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Adolph Steinmeyer
9. Father's Occupation	Proprietor of a Restaurant
10. Father's Birthplace	Germany
Name of Medical Attendant or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~First~~ Third.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 7. 1875

4. Place of Birth (Street and Number) 24 y Pennsylvania Ave

5. Full Name of Mother Rebecca Evans Royston

6. Mother's Maiden Name Rebecca Evans

7. Mother's Birthplace Virginia

8. Full Name of Father Henry Clay Royston

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this Return. H. P. Fetterhoff M. D.

Address 77 George St.

Remarks Fine Baby & doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7882

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 7d 1875
4. Place of Birth (Street and Number)	No 211 Montgomery st.
5. Full Name of Mother	Sophie Scherer
6. Mother's Maiden Name	Reling
7. Mother's Birthplace	America
8. Full Name of Father	August Scherer
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schweyser midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec - 7. 1875
4. Place of Birth (Street and Number)	562 Republican
5. Full Name of Mother	Mary Peregoy
6. Mother's Maiden Name	Burnham
7. Mother's Birthplace	Balto
8. Full Name of Father	Jos. J Peregoy
9. Father's Occupation	Coach Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	W. Frank Knight M.D.
Address	53 E Green St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7884

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Weith

3. Date of Birth 7th December

4. Place of Birth (Street and Number) Shakspeare Street

5. Full Name of Mother Mary Gloffmann

6. Mother's Maiden Name " Wisterzinska

7. Mother's Birthplace Graudenz

8. Full Name of Father John Wisterzinski

9. Father's Occupation ———

10. Father's Birthplace Many years Germany

Name of Medical Attendant, or other Person who makes this Return. very well

Address Kreelia Zygaj

Remarks 128 Wolf Street

7885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd Twin X

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Dec 7th

4. *Place of Birth* (*Street and Number*) 11 S. Whitemarsh St

5. *Full Name of Mother* Catharine Burlow

6. *Mother's Maiden Name* Catharine Ricketts

7. *Mother's Birthplace* Frederick Co. Md.

8. *Full Name of Father* Joseph Burlow

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Livia Rosenzweig

Address 214 Preston St

Remarks Twin Lived 15 minutes and died from

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7856

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	December 7th 1875
4. *Place of Birth* (Street and Number)	No. 172 Central avenue
5. *Full Name of Mother*	Mary Thomas
6. *Mother's Maiden Name*	Mary Richard
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Richard Thomas
9. *Father's Occupation*	
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A Bell
Address	No 207 Monument St. Cor of Central avenue.
Remarks	Favorable well.

RETURN OF A BIRTH.

7687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Dec. 4th " 1875

4. *Place of Birth (Street and Number)* 54 N. Exeter.

5. *Full Name of Mother* Charlotte Clinton

6. *Mother's Maiden Name* ———

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Thomas L. Clinton

9. *Father's Occupation* Telegraph operator

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. W. P. Yates. M. D

Address 173 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~X~~ # 104 St. Peter st.
4. *Place of Birth (Street and Number)* 2nd ward
5. *Full Name of Mother* Margie Humphreys
6. *Mother's Maiden Name* Lang
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Humphreys
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

1859

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 1a

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth November 7th 1875

4. Place of Birth (Street and Number) 133 Wilkens alley

5. Full Name of Mother Jennie Roberts

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father Thomas Roberts

9. Father's Occupation Porter

10. Father's Birthplace Frederick County Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7895

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~) [illegible]

2. Race or Color (if not of the white race) Black

3. Date of Birth Dec 7th 1875

4. Place of Birth (Street and Number) # 129 Vine Ch

5. Full Name of Mother Hannah Lloyd

6. Mother's Maiden Name Henson

7. Mother's Birthplace Md

8. Full Name of Father Edmd Lloyd

9. Father's Occupation Laborer

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Taylor M.D.

Address W. Waverley Place

Remarks

RETURN OF A BIRTH.

7891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Little
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 7th 1875
4. Place of Birth (Street and Number)	No 94 Chapple St.
5. Full Name of Mother	Martha Eckhardt.
6. Mother's Maiden Name	Marshall.
7. Mother's Birthplace	Bavaria Germany.
8. Full Name of Father	John Eckhardt.
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Bavaria Germany.
Name of Medical Attendant, or other Person who makes this Return.	Wm. M. A. Bull
Address	No 209 Monument St. Cor. Central ave.
Remarks	Both well

This any physician, accoucheur, midwife, or other person, who shall fail to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 8th 1875
4. Place of Birth (Street and Number)	145 Argyle Avenue
5. Full Name of Mother	Mary L. Cox
6. Mother's Maiden Name	Mary Lamb
7. Mother's Birthplace	Balto County Md
8. Full Name of Father	John R Cox
9. Father's Occupation	Merchant
10. Father's Birthplace	Frederick County Md
Name of Medical Attendant, or other Person who makes this Return.	E Govier Cox Md
Address	512 East Balto St
Remarks	

RETURN OF A BIRTH.

7893

DEC 13 1875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 8th 1875
4. Place of Birth (Street and Number)	No 1 St Charles 2nd d. south of Biddle.
5. Full Name of Mother	Emily Harold
6. Mother's Maiden Name	Emily Lee
7. Mother's Birthplace	Kelly Barre Pa.
8. Full Name of Father	Benj C. Harold Jr
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler
Address	135 N Chas. 21
Remarks	

7891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 8th 1875
4. Place of Birth (Street and Number)	No Harlem Avenue off. Square
5. Full Name of Mother	Agina Louisa Crane
6. Mother's Maiden Name	Anna Louisa Leesing
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas. T. Crane
9 Father's Occupation	Merchant
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 Aliceanna St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE

1895

RETURN OF A BIRTH.

DEC 14 1895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 December 1895
4. *Place of Birth (Street and Number)* Saratoga
5. *Full Name of Mother* Anna Fell Fleischmann
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gustave Fell
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Eliz Tumlin

Address 60 Schroeder Street

Remarks

RETURN OF A BIRTH.

1876

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 8 day of December 1875.

4. Place of Birth (Street and Number) No 300 Sharp Street

5. Full Name of Mother Catharina Nau.

6. Mother's Maiden Name Cath Klunz

7. Mother's Birthplace Kirchhayn Kurhessen.

8. Full Name of Father John Nau.

9. Father's Occupation Cigar Box Manufacturer

10. Father's Birthplace Germanmere Kurhessen.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ellis Strong.

Address Lindenhall & Fred.

Remarks

That any physician, accoucheur, midwife, or other person in attendance upon any case of birth in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 8th 1875
4. Place of Birth (Street and Number)	N° 16 Hamburg St
5. Full Name of Mother	Martha Dayton
6. Mother's Maiden Name	Martha Thomas
7. Mother's Birthplace	Md
8. Full Name of Father	Samuel Dayton
9. Father's Occupation	Engineer
10. Father's Birthplace	Ind
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M. D
Address	17 Warren Av
Remarks	

RETURN OF A BIRTH.

7898

HEALTH DEPARTMENT
DEC
17
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 8th of Dec. 1875

4. Place of Birth (Street and Number) 619 W Pratt st Baltimore

5. Full Name of Mother Susan Uhlbrock

6. Mother's Maiden Name Susan Swanweir

7. Mother's Birthplace Dublin Ireland

8. Full Name of Father Christian Uhlbrock

9. Father's Occupation Shoemaker

10. Father's Birthplace Bremen Germany

Name of Medical Attendant, or other Person who makes this Return. A M Kleinman M.D.

Address 120 Pearl St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7899

HEALTH DEPARTMENT DEC 14 '75 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 8. 1875.
4. Place of Birth (Street and Number)	No 27 Jackson Square
5. Full Name of Mother	Emma M. Knudsen
6. Mother's Maiden Name	Emma M. Malling.
7. Mother's Birthplace	East Haven Conn.
8. Full Name of Father	Elbert Thomsen
9. Father's Occupation	Oyster packing business
10. Father's Birthplace	East Haven Conn.
Name of Medical Attendant, or other Person who makes this Return.	F. B. Hellmuth M.D.
Address	71 Franklin St.
Remarks	

Child healthy & well.

Dec. 12. 1875.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 8th
4. *Place of Birth* (Street and Number) No 117 N. Exeter Street
5. *Full Name of Mother* Ellen Mary Egan
6. *Mother's Maiden Name* Lyons
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward B. Egan
9. *Father's Occupation* Grocery Store
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7901

DEPARTMENT OF HEALTH
DEC 14 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 8th of December

4. Place of Birth (Street and Number) Hudson Alley No 11

5. Full Name of Mother Anna Gilling

6. Mother's Maiden Name McElroy

7. Mother's Birthplace Ireland

8. Full Name of Father James Gilling

9. Father's Occupation Laborer in Fairmount Shops

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 5. of December 1875
4. *Place of Birth* (Street and Number) Baltimore St. No.
5. *Full Name of Mother* Mary Lubin Ryder
6. *Mother's Maiden Name* Mary Lubin Snyder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John C. Ryder
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Dunbler M.D. 160 Broadway

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1903
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 8. 19
4. Place of Birth (Street and Number)	432 Canton ave
5. Full Name of Mother	Magreth Fei
6. Mother's Maiden Name	Muller
7. Mother's Birthplace	Germ
8. Full Name of Father	Valentin Fei
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Burkhimer
Address	120. Bank St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* December 8
4. *Place of Birth* (Street and Number) 120 Lancaster St
5. *Full Name of Mother* Katy Kimmel
6. *Mother's Maiden Name* Wolf
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Kimmel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Nidda Hadam

Name of Medical Attendant, or other Person who makes this Return. Virginia Fitzpatrick

Address No 287 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7905

HEALTH DEPT. DEC 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male 2. 1 Dead born.
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	December 8th
4. *Place of Birth (Street and Number)*	330 Fine St.
5. *Full Name of Mother*	Harriet Spud
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Ellicotts Mills
8. *Full Name of Father*	Edward Spud
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	St. Marys Co.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	No 2 Carlton St.
Remarks	

7906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 8th 1925
4. *Place of Birth (Street and Number)* 611 Hanover & Ann
5. *Full Name of Mother* Mary Ann Hays
6. *Mother's Maiden Name* Mary Ann Hays
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Roger E. Hays
9. *Father's Occupation* Fire Keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Dimmitt M.D.

Address 1996 E. Baltimore St

Remarks

HEALTH DEPARTMENT DEC 30 1925 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1907

HEALTH DEPARTMENT
JAN 11 1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 8. 1895
4. Place of Birth (Street and Number)	# 120 - Chew St.
5. Full Name of Mother	Laura Jane Mason
6. Mother's Maiden Name	" " Pegeater
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Stephen Russell Mason
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 905 N. Caroline St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1905

HEALTH DEPARTMENT
JAN.
6
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 25.

4. Place of Birth (Street and Number) 97 Aisquith Lane

5. Full Name of Mother Bulls Co

6. Mother's Maiden Name Jacob H. Aulb

7. Mother's Birthplace Sewing Machine Agt.

8. Full Name of Father Balls Co.

9. Father's Occupation Louis M. Eastman

10. Father's Birthplace 614 Read.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec 8th

4. Place of Birth (Street and Number) 137 Hillman alk

5. Full Name of Mother Annie A McDermott

6. Mother's Maiden Name Annie A McDermott

7. Mother's Birthplace Ireland

8. Full Name of Father Bernard Byrnes

9. Father's Occupation Clerk

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F Chrisman

Address 129 E Monument st Baltimore City

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st & at full term *
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 8th 1875
4. Place of Birth (Street and Number)	No. 45 N. Dallas St.
5. Full Name of Mother	Mary Anna Slocum
6. Mother's Maiden Name	Mary Anna Waters
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Henry Slocum
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester Co Md.
Name of Medical Attendant, or other Person who makes this Return.	L. L. Wilkins M.D.
Address	69 S Broadway
Remarks	* Has aborted four times at the 6th month. Instrumental Delivery

RETURN OF A BIRTH.

7911

HEALTH DEPARTMENT
DEC 10 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 8th 1875. 7.30 A.M.
4. *Place of Birth* (Street and Number) No 604 W. Pratt St.
5. *Full Name of Mother* Mary Malvina Hendrickson
6. *Mother's Maiden Name* Mc. Col. Carroll
7. *Mother's Birthplace* Wilmington N. Carolina
8. *Full Name of Father* Henry Lyles Murdock
9. *Father's Occupation* Sailor Keeper
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Pendleton M. Hendrickson

Address No 203 N. Paca St.

Remarks

7912

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* December 8th 1875.

4. *Place of Birth* (Street and Number) Boer Street No 6.

5. *Full Name of Mother* Mary Potter.

6. *Mother's Maiden Name* Mary Smith

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Charles Potter

9. *Father's Occupation* Labor

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorathe Brune

Address 114 Battery Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 8th December 1875

4. *Place of Birth* (Street and Number) William Street No 149

5. *Full Name of Mother* Julia Lang

6. *Mother's Maiden Name* Julia Hauck

7. *Mother's Birthplace* Germania

8. *Full Name of Father* Conrad Lang

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Kittery Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1914

DEC 10 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 1 December 1915
4. Place of Birth (Street and Number)	120 E Eutaw near Lan
5. Full Name of Mother	Ida [illegible] Hankins
6. Mother's Maiden Name	Ida Lee
7. Mother's Birthplace	Charles Hilton near
8. Full Name of Father	Charles Hankins
9. Father's Occupation	Baker
10. Father's Birthplace	Fredericksburg
Name of Medical Attendant, or other Person who makes this Return.	Rosa Williams
Address	No 70 Thurmont St
Remarks	Mother Child Living Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth December 8th 1875

4. Place of Birth (Street and Number) 154 N Wolfe st

5. Full Name of Mother Alice E Taylor

6. Mother's Maiden Name " " Kunzman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles E Taylor

9. Father's Occupation Miner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm L Russell

Address Broadway & Madison Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 8th 1875.
4. Place of Birth (Street and Number)	297 Durham Street
5. Full Name of Mother	Franciska Burzynska
6. Mother's Maiden Name	" Lukaszewicz
7. Mother's Birthplace	Lachin Wongrowicz
8. Full Name of Father	John Lukaszewicz
9. Father's Occupation	
10. Father's Birthplace	Lachin Wongrowicz
Name of Medical Attendant, or other Person who makes this Return	very well
Address	Mary Peters 24 Chesapeake Street
Remarks	

RETURN OF A BIRTH.

7917

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1. ist
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th December
4. Place of Birth (Street and Number)	Front st. 3 Doors Corner of Ridgely
5. Full Name of Mother	Lizzie Bonacker.
6. Mother's Maiden Name	Lizzie Klein
7. Mother's Birthplace	Germany
8. Full Name of Father	Philip Bonacker
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. L. Buddenbaum M.D.
Address	No 106 Columbia Av.
Remarks	

RETURN OF A BIRTH.

7918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 13 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	8 Dec. 1875
4. Place of Birth (Street and Number)	267 E. Lombard St.
5. Full Name of Mother	~~James J. Vaine~~ Ella A. Vaine
6. Mother's Maiden Name	" " Tarr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James J. Vaine
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gerhart & Miller
Address	161 E Pratt St.
Remarks	

RETURN OF A BIRTH.

7919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male child
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 of December 1875.
4. Place of Birth (Street and Number)	N. 12 Elbow St.
5. Full Name of Mother	Josepa Lippa
6. Mother's Maiden Name	Josepa Sikla
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Waclaf Lippa
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Valentine Zdrowek
Address	N. 30 Elbow St
Remarks	Born Alive

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

2641

RETURN OF A BIRTH.

1920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
19
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th December
4. Place of Birth (Street and Number)	101 North Broadway Street
5. Full Name of Mother	Susan Elizabeth
6. Mother's Maiden Name	Susan Mary Fowler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Leighton
9. Father's Occupation	Fireman
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Essential Knuckle
Address	11 North Broadway
Remarks	Healthy

John Knuckle

7921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 8th 1875
4. *Place of Birth (Street and Number)* Jackson Square Place 2w
5. *Full Name of Mother* Harriett Griggs Blake
6. *Mother's Maiden Name* Harriett ~~Blake~~ Griggs
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George H. Blake
9. *Father's Occupation* Builder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. P. A. Lockerer

Address # 23 S. Durham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec: 9th 1895
4. Place of Birth (Street and Number)	No 618 Franklin Street
5. Full Name of Mother	Ida Virginia McKeldin
6. Mother's Maiden Name	Ida Virginia Bond
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Henry McKeldin
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. O. Wilson M. D.
Address	146 Park Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th and 7th (Twins)
1. Sex (state whether Male or Female)	Male and Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th December 1875
4. Place of Birth (Street and Number)	18 18 cent
5. Full Name of Mother	Mary C. ~~Start~~ Droste
6. Mother's Maiden Name	Mary C. Start
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	W H. Droste
9. Father's Occupation	Sergeant of Police
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster MD
Address	57 Barre St
Remarks	

RETURN OF A BIRTH.

7911

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 9th
4. Place of Birth (Street and Number)	Lexington bet Strech & 192
5. Full Name of Mother	Rosalie Thecla Troyer
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Penig. Saxony. Germany
8. Full Name of Father	Marcus Arthur Troyer
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Oennitz. Saxony Germany
Name of Medical Attendant, or other Person who makes this Return.	Anne. Lindner.
Address	No 45 Monroe, St. 45.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 5 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decbr 9th 1875
4. Place of Birth (Street and Number)	No 12 N. Pine st
5. Full Name of Mother	Sarah E Linchlan
6. Mother's Maiden Name	Sarah E Curry
7. Mother's Birthplace	Harford Co Md
8. Full Name of Father	John Linchlan
9. Father's Occupation	Carpenter
10. Father's Birthplace	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	E Groverbox M.D.
Address	512 W Balto st
Remarks	

1926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
17
1926
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 9th 1876
4. Place of Birth (Street and Number)	No 233 E. Bond St
5. Full Name of Mother	Natalie Johnson
6. Mother's Maiden Name	Natalie Thum
7. Mother's Birthplace	Germany
8. Full Name of Father	Herman Johnson
9. Father's Occupation	Polisher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Cath Lee
Address	No 35 E. Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 9. 1875
4. Place of Birth (Street and Number)	184 Chestnut
5. Full Name of Mother	Celia Sommerfeld
6. Mother's Maiden Name	Celia Lidner
7. Mother's Birthplace	Germany
8. Full Name of Father	Adolf Sommerfeld
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram B Arnold MD
Address	
Remarks	

RETURN OF A BIRTH.

7928

BIRTH OF ART
DEC
14
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 9th
4. Place of Birth (Street and Number)	118 Johnson
5. Full Name of Mother	Mary Wright
6. Mother's Maiden Name	Mary Christy
7. Mother's Birthplace	Scotland Dundee
8. Full Name of Father	Saml Wright
9. Father's Occupation	Potter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M D
Address	234 W Fayette St
Remarks	

RETURN OF A BIRTH.

1929

HEALTH DEPARTMENT
DEC
14
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Dec 9th 75 —
4. Place of Birth (Street and Number)	Lurcins Alley No 4
5. Full Name of Mother	Laura Shaw
6. Mother's Maiden Name	
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	Jos Shaw
9. Father's Occupation	Hod Carrier
10. Father's Birthplace	Anne Arundel Co Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy
Address	12 Lurcins Alley
Remarks	per Dr Baker

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 9, 1875
4. Place of Birth (Street and Number)	401 ~~710~~ (Aisquith St
5. Full Name of Mother	Elizabeth J. Wright
6. Mother's Maiden Name	Elizabeth J. Purvis
7. Mother's Birthplace	Madison Va
8. Full Name of Father	Matthew H. Wright
9. Father's Occupation	Flour & Feed Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Virginia A. Wagner
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7931

HEALTH DEPARTMENT
JAN 11 876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 9 1875
4. *Place of Birth (Street and Number)* #461 E. Lombard St.
5. *Full Name of Mother* Cornelia L. Disney
6. *Mother's Maiden Name* " Audsley
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Henry E. Disney
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. city

Name of Medical Attendant, or other Person who makes this Return. D. R. Hartman M.D.

Address #305 N. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1932

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth December 9th 1875.

4. Place of Birth (Street and Number) Fort Hill No 83.

5. Full Name of Mother Margretta Thomas

6. Mother's Maiden Name Margretta Tall

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Charles Thomas.

9. Father's Occupation Labor

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Bethesda Ave.

Remarks

RETURN OF A BIRTH.

7933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 9-1875
4. Place of Birth (Street and Number)	128 Mulberry St.
5. Full Name of Mother	Roberta Rebecca Fiske Stewart
6. Mother's Maiden Name	Balto. City
7. Mother's Birthplace	Charles Franklin (Fiske
8. Full Name of Father	Salesman (Sewing Machines)
9. Father's Occupation	Boston, Mass.
10. Father's Birthplace	Louis W. Knight M.D.
Name of Medical Attendant, or other Person who makes this Return.	112 N. Greene St.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19311

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 9—1875.
4. Place of Birth (Street and Number)	No. 33 Greenmount Ave.
5. Full Name of Mother	Hannorah Carmody.
6. Mother's Maiden Name	Hogan.
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Carmody
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-th C
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 9th 1875
4. Place of Birth (Street and Number)	22 Hillen St.
5. Full Name of Mother	Margaret Donoway
6. Mother's Maiden Name	Margaret O'Donovan
7. Mother's Birthplace	Margaret O'Brien
8. Full Name of Father	Ireland
9. Father's Occupation	John O'Donovan
10. Father's Birthplace	Boot & Shoemaker
Name of Medical Attendant, or other Person who makes this Return.	Ireland
Address	Geo P Reynolds M.D.
Remarks	324 N Calvert

7936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 10. December

4. *Place of Birth (Street and Number)* Biddle St. 114

5. *Full Name of Mother* Margareth Fraime

6. *Mother's Maiden Name* Meisel

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Charles Fraime

9. *Father's Occupation* Produce dealer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St 45

Remarks

5

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

7937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 10 th, 1878
4. Place of Birth (Street and Number)	961 West st.
5. Full Name of Mother	Mary L. Jones : not married
6. Mother's Maiden Name	
7. Mother's Birthplace	America
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. Johnson midwife
Address	913 Cross st.
Remarks	

HEALTH DEPARTMENT DEC 11 1878 BALTIMORE

RETURN OF A BIRTH.

7938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	Dec 10 1875 first days
4. Place of Birth (Street and Number)	Baltimore & Carline st No 1311
5. Full Name of Mother	Sarah Kaine
6. Mother's Maiden Name	Sarih Burke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Asbury Kaine
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lear Walker
Address	No 141 Eastern av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 49

7939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 10. 1875
4. Place of Birth (Street and Number)	South Registerstr 50
5. Full Name of Mother	Margaretha Steinberg
6. Mother's Maiden Name	Margaretha Sender
7. Mother's Birthplace	Wendelb Baiern
8. Full Name of Father	Jacob Steinberg
9. Father's Occupation	Werftarbeiter
10. Father's Birthplace	Breitenbrunn Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Rumpf
Address	South Wolfst 28
Remarks	Mrs Rumpf

RETURN OF A BIRTH.

7910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth 16th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 16th 1875.
4. Place of Birth (Street and Number)	# 401 Canton Avenue
5. Full Name of Mother	Sarilla Jane Cary
6. Mother's Maiden Name	Sarilla Jane Frank
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John William Cary
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Aliceanna St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th [illegible]
4. Place of Birth (Street and Number)	No 76 [illegible] Fremont St
5. Full Name of Mother	Friedrika Schieder
6. Mother's Maiden Name	Kastens
7. Mother's Birthplace	Hanover
8. Full Name of Father	Peter Schieder
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Balthasar Fimbrey.
Address	Mt. Pl. Street No 439
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 16th 1875
4. Place of Birth (Street and Number)	No 257 S Gilmor St
5. Full Name of Mother	Eva Blackenstein
6. Mother's Maiden Name	Eva Jacobsen
7. Mother's Birthplace	Germany
8. Full Name of Father	John H Blackenstein
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Fine Hillegeist
Address	257 Monument St
Remarks	

7943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
17
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th Dec 1875
4. Place of Birth (Street and Number)	Harford Road
5. Full Name of Mother	Caroline Frederick
6. Mother's Maiden Name	Caroline Stahl
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Frederick
9. Father's Occupation	Brewer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Myler
Address	126 N. Caroline St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

79111

HEALTH DEPARTMENT DEC 15 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 10th 1876
4. Place of Birth (Street and Number)	No 15 Ground Avenue
5. Full Name of Mother	Mary Jane Sheeler
6. Mother's Maiden Name	do do Gardner
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	William H Sheeler
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 10th 1875
4. Place of Birth (Street and Number)	510 N. Lombard St
5. Full Name of Mother	Barbara Frafits
6. Mother's Maiden Name	Zell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Frafits
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy.
Address	363 Franklin St
Remarks	

HEALTH OF BALTIMORE DEC 17 1875 BALTIMORE

7946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.d Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Dec 10th 1878
4. *Place of Birth* (Street and Number)	16 19 Sulivans Ct.
5. *Full Name of Mother*	Franciska Schwarty
6. *Mother's Maiden Name*	Sabiarowska
7. *Mother's Birthplace*	Edward Schwarty
8. *Full Name of Father*	6th finn. Germany
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	J. Schwarzer midwife
Address	213 Cross St.
Remarks	

7914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 10 1875
4. Place of Birth (Street and Number)	287 W Fayette.
5. Full Name of Mother	Hannah Weiller
6. Mother's Maiden Name	Hannah Steiner
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Weiller
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram B Fenwick MD
Address	
Remarks	

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 10 of December.

4. Place of Birth (Street and Number) 12 Anthony St No 12

5. Full Name of Mother Mary Knamer

6. Mother's Maiden Name Mary Tagton

7. Mother's Birthplace born at Salisbury Md.

8. Full Name of Father Conrad Knamer

9. Father's Occupation Jeweller.

10. Father's Birthplace born at Shaffhausen Switzerland.

Name of Medical Attendant, or other Person who makes this Return. Wellinger Weller

Address Sterling St No 165.

Remarks 1

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 15th 1875
4. Place of Birth (Street and Number)	N. E. Cor. Pratt and Amelia
5. Full Name of Mother	Christiana Baker
6. Mother's Maiden Name	Christiana Resch
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Louis Baker
9. Father's Occupation	Pharmacist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

RETURN OF A BIRTH.

1251

HEALTH DEPARTMENT
DEC
14
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 10th 1875

4. Place of Birth (Street and Number) No 72 E. Pleasant

5. Full Name of Mother Mary Elizabeth Flemming

6. Mother's Maiden Name Mc C. Slaughter

7. Mother's Birthplace Unionville Anne Arundel County Md

8. Full Name of Father William Ridgely Flemming

9 Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Penelope Ke Mc Kemble M.D.

Address No 203 N. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1951

DEC 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 10th Decem
4. *Place of Birth* (Street and Number) 125 Register Ave
5. *Full Name of Mother* Louisa Sophia
6. *Mother's Maiden Name* Stanop
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Rudolf Voppia
9. *Father's Occupation* School teacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Hall

Remarks

RETURN OF A BIRTH.

7932

JAN 1876 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to make the return required by the Board of Health of Baltimore, shall report to the City Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of each child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 10th 1875
4. *Place of Birth (Street and Number)* 63 Orchard Street
5. *Full Name of Mother* Mary E. Williams
6. *Mother's Maiden Name* Mary E. Fossett
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* J. O. B. Williams
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bobby Dr. Tucker

Address 63 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7953

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 10th. 1875.
4. Place of Birth (Street and Number)	14 Park Place
5. Full Name of Mother	Augusta West
6. Mother's Maiden Name	A. Staylane
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William West
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia [illegible]
Address	56 [illegible]
Remarks	

RETURN OF A BIRTH.

7934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dcbr 11th 1875.
4. Place of Birth (Street and Number)	Bethel st. No 25.
5. Full Name of Mother	Elis. Frohlich
6. Mother's Maiden Name	Elis. Meyer
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Geo. Fröhlich
9. Father's Occupation	Laborer
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte f (
Address	Richard
Remarks	No 320 Allicè anna st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 10 December 1875 ~~December 1875~~
4. *Place of Birth (Street and Number)* Barnet N 24
5. *Full Name of Mother* Josefa Skalnik
6. *Mother's Maiden Name* Josefa Rybak
7. *Mother's Birthplace* Chroubli in Bohemia
8. *Full Name of Father* John Skalnik
9. *Father's Occupation* workman
10. *Father's Birthplace* Stankow in Bohemia

Name of Medical Attendant, or other Person, who makes this Return. Mary Kopsch

Address 69 N. Washington st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth 7th
1. Sex (state whether Male or Female)	Male f
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 December 1875
4. Place of Birth (Street and Number)	1 [illegible] street 27
5. Full Name of Mother	Francisca Kathel
6. Mother's Maiden Name	Francisca Nassa
7. Mother's Birthplace	Skurlawic in Bohemia
8. Full Name of Father	Joseph Kathel
9. Father's Occupation	workman
10. Father's Birthplace	Krucemburg in Boh.
Name of Medical Attendant, or other Person who makes this Return.	Mary Kabelic
Address	N. Washington st. 69
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	10th December 1875
4. Place of Birth (Street and Number)	60 Eden Street
5. Full Name of Mother	Jane Wilson Shank
6. Mother's Maiden Name	
7. Mother's Birthplace	United States of America
8. Full Name of Father	Edward Wilson Clark
9. Father's Occupation	
10. Father's Birthplace	United States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Zweites Kind
1. Sex (state whether Male or Female)	Knabe Weiblich
2. Race or Color (if not of the white race)	Weiß Farbig
3. Date of Birth	Jan 13 1876
4. Place of Birth (Street and Number)	Allen Straße zwischen 18
5. Full Name of Mother	Margarete Klausner
6. Mother's Maiden Name	Siebert
7. Mother's Birthplace	Preußen
8. Full Name of Father	Wilhelm Klaus
9. Father's Occupation	Schneider
10. Father's Birthplace	Preußen
Name of Medical Attendant, or other Person who makes this Return.	Dr Smith
Address	Valley Straße No 247
Remarks	Lebend

HEALTH DEPT. DEC 12 1875 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7958

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11th 1875
4. Place of Birth (Street and Number)	Baltimore Hollins 64 do.
5. Full Name of Mother	Barby Wilson
6. Mother's Maiden Name	" Monks
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Benjiman Wilson
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 8 Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11th 1875
4. Place of Birth (Street and Number)	Baltimore Lemon st No. 241
5. Full Name of Mother	Bridget Malone
6. Mother's Maiden Name	Halligan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Cornelius Malone
9. Father's Occupation	Watchman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Mitchell
Address	No. 58 Parkin st
Remarks	

7961

RETURN OF A BIRTH.

DEC 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 11th 1875
4. Place of Birth (Street and Number)	934 Lexington bet Eut
5. Full Name of Mother	Mary Elizabeth Gilbert
6. Mother's Maiden Name	" Shaffer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Braden Gilbert
9. Father's Occupation	Clerk
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H R McElwee
Address	582 N Fayette St
Remarks	

RETURN OF A BIRTH.

7962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 11th 1875
4. Place of Birth (Street and Number)	76 Leadenhall St
5. Full Name of Mother	Mina Grauss
6. Mother's Maiden Name	" " Schmidt
7. Mother's Birthplace	" Germany
8. Full Name of Father	John Grauss
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Münch
Address	74 Leadenhall Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 11th 1875
4. Place of Birth (Street and Number)	16 Ridgely Street
5. Full Name of Mother	Pauline Leutner
6. Mother's Maiden Name	Pauline Peter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Leutner
9. Father's Occupation	Hardware Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chatherine Münch
Address	74 Leadenhall Street
Remarks	

7964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11th 1875
4. Place of Birth (Street and Number)	273 Sharp Street
5. Full Name of Mother	Louise Onnen Köhler
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Onnen
9. Father's Occupation	Apothecaries
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chatherine V. Münch
Address	74 Leadenhall Street
Remarks	

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th Dec 15
4. *Place of Birth (Street and Number)* No 344 Hopkins Pl
5. *Full Name of Mother* Mary Gough
6. *Mother's Maiden Name* Mary Houston
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John H. Houston
9. *Father's Occupation* Baltimore City Cannmaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Field

Address 120 N Caroline St

Remarks

7966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 11th 1875
4. *Place of Birth (Street and Number)* 2 Little Constitution st
5. *Full Name of Mother* Mary Kelly
6. *Mother's Maiden Name* Mary Mc Shane
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Owen Kelly
9. *Father's Occupation* Wagon driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Wolin

Address 114 East Pratt st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7961

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 — 4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	Dec 11 1875 Thur Days.
4. Place of Birth (Street and Number)	Baltimor Chapleau st No 165
5. Full Name of Mother	Emline Johnson
6. Mother's Maiden Name	Emline Brown
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Charls Johnson
9. Father's Occupation	Labar
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Jean Walker
Address	No 141 Eastern av
Remarks	

7968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 December
4. Place of Birth (Street and Number)	4 Walsh Street
5. Full Name of Mother	Dorotia Vogals
6. Mother's Maiden Name	Dorato Grally
7. Mother's Birthplace	Prisen
8. Full Name of Father	Phillip Grally
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Smith
Address	476 Senaire
Remarks	

7969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11th 1875
4. Place of Birth (Street and Number)	Baltimore York nr. Pratt
5. Full Name of Mother	Jane Cooney
6. Mother's Maiden Name	Jane Macnally
7. Mother's Birthplace	County Ross Ireland
8. Full Name of Father	Thomas Cooney
9. Father's Occupation	Laborer
10. Father's Birthplace	County Ross Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 202 S. Charles Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

5

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 11

4. Place of Birth (Street and Number) Mount St. 92

5. Full Name of Mother Mary Meabe

6. Mother's Maiden Name Mary Loftes

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Meabe

9. Father's Occupation Carter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St

Remarks Mother and baby doing well

7971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	A Girl
2. Race or Color (if not of the white race)	A white Child
3. Date of Birth	11 th of December
4. Place of Birth (Street and Number)	3 avenue
5. Full Name of Mother	Anne Meber
6. Mother's Maiden Name	Caroline Meber
7. Mother's Birthplace	Hanover
8. Full Name of Father	Henry Fred
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	Holsen
Name of Medical Attendant, or other Person who makes this Return.	Anne Giler
Address	Wilson Street
Remarks	The Child is well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 11 1872
4. *Place of Birth (Street and Number)* 1412 Mc Henry 11
5. *Full Name of Mother* Eliza Augusta
6. *Mother's Maiden Name* Eliza Wehmeier
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Jacob Augusta
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Conrad Weihgandt

Address 1412 Monument 11

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 15
4. *Place of Birth* (Street and Number) 62 Gay St.
5. *Full Name of Mother* Gertrude Lee
6. *Mother's Maiden Name* Reed Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred Lee
9. *Father's Occupation* Waiter Hotel
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Emma Hagner

Address 131 Mercer St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7974

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 11th 1875
4. *Place of Birth (Street and Number)* ~~33~~ Scott St. cor. St Peter.
5. *Full Name of Mother* Gertrude Ebert
6. *Mother's Maiden Name* Grimmer
7. *Mother's Birthplace* Hesse - Darmstadt Germ.
8. *Full Name of Father* Simon Ebert
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Hesse - Darmstadt Germ.

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) / Desember 11 1875

1. Sex (state whether Male or Female) Mail

2. Race or Color (if not of the white race) dark

3. Date of Birth 11 of Desember

4. Place of Birth (Street and Number) Lexington Alley

5. Full Name of Mother Elizabeth Catherine Neil-

6. Mother's Maiden Name

7. Mother's Birthplace Marland

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mid Wife Chas Mand

Address

Remarks

RETURN OF A BIRTH.

1916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
11
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11 1878
4. Place of Birth (Street and Number)	No 234 Williams St
5. Full Name of Mother	Fannie Dodson
6. Mother's Maiden Name	Fannie Reynolds
7. Mother's Birthplace	Maryland
8. Full Name of Father	Andrew Dodson
9. Father's Occupation	Mariner
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return	H. B. Noble, M. D.
Address	17 Warren av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 17 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White of Col'd

3. *Date of Birth* 11th inst.

4. *Place of Birth (Street and Number)* Danville St. near Belair Road

5. *Full Name of Mother* Christine Fuchs

6. *Mother's Maiden Name* Christine Leun

7. *Mother's Birthplace* Oldenburg (Germany)

8. *Full Name of Father* John August Frederick Fuchs

9. *Father's Occupation* Workman in a Sawmill

10. *Father's Birthplace* Pachtman

Name of Medical Attendant, or other Person who makes this Return. R H Hartman M D

Address 120 Pearl St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 14th 1875.
4. Place of Birth (Street and Number)	No 23 Monument St
5. Full Name of Mother	Harriet J Willetts
6. Mother's Maiden Name	Harriet J Kellam
7. Mother's Birthplace	Virginia
8. Full Name of Father	John W Willetts
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Samuel Sonnenschein
Address	No 59 Hanover St.
Remarks	

RETURN OF A BIRTH.

1979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 11th 1875

4. Place of Birth (Street and Number) 106 S. Wolfe St.

5. Full Name of Mother Martha Connelly

6. Mother's Maiden Name " McAleese

7. Mother's Birthplace Baltimore

8. Full Name of Father William James Connelly

9. Father's Occupation Ship joiner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decbr 11th 1876
4. Place of Birth (Street and Number)	#179 Madeira Pl. E.P.
5. Full Name of Mother	Margaret Brown Rosmark.
6. Mother's Maiden Name	Margaret Brown.
7. Mother's Birthplace	American
8. Full Name of Father	Andrew Rosmark
9. Father's Occupation	Laborer
10. Father's Birthplace	American
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Grimm
Address	#178 O. Chapel St. E.P.
Remarks	

RETURN OF A BIRTH.

7981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 11th 1875
4. Place of Birth (Street and Number)	343 E Eager St
5. Full Name of Mother	Annie Forrester
6. Mother's Maiden Name	Annie Talbot
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Nicholas Forrester
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	1½ E Eager St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

7982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex (state whether Male or Female) Boie

2. Race or Color (if not of the white race) White.

3. Date of Birth 11. December

4. Place of Birth (Street and Number) 11. Paint Lane.

5. Full Name of Mother Josefine Wodicka

6. Mother's Maiden Name " " Kalcik

7. Mother's Birthplace Wolenow.

8. Full Name of Father Filip Wodicka

9. Father's Occupation Sailor

10. Father's Birthplace Tidhonic.

Name of Medical Attendant, or other Person who makes this Return. Jos: Conrad

Address 920 Barnet str

Remarks

7983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	1 girl a boy
2. Race or Color (if not of the white race)	Black
3. Date of Birth	11 of December 1874
4. Place of Birth (Street and Number)	Number East Jones Court
5. Full Name of Mother	Susan Lee and
6. Mother's Maiden Name	Susan R Phillips
7. Mother's Birthplace	Virginia
8. Full Name of Father	Isaac Redding
9. Father's Occupation	Laborman
10. Father's Birthplace	Carlton North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Essentia Kimbel for John Kimbel
Address 71 North Chapel st	Health
Remarks	1.

HEALTH DEPARTMENT DEC 19 1874 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

79844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child born
1. Sex (state whether Male or Female)	last a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th December
4. Place of Birth (Street and Number)	113 Northchester Street
5. Full Name of Mother	Christina Sitz
6. Mother's Maiden Name	Christina Volmerhausen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Seivert Volmerhausen
9. Father's Occupation	Brother
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Friedrich Kunkel
Address 71 Hathchapel	John Kunkel
Remarks Healthy	

1985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decbr 11th 75.
4. Place of Birth (Street and Number)	Hadra alley N° 20.
5. Full Name of Mother	Margret Bressel
6. Mother's Maiden Name	Margret Buchholt
7. Mother's Birthplace	Prussia Germ
8. Full Name of Father	Geo. Dressel
9. Father's Occupation	Laborer
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	N° 320 Alice Anna St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	"
2. Race or Color (if not of the white race)	Female
3. Date of Birth	White
4. Place of Birth (Street and Number)	Dec 11. 75.
5. Full Name of Mother	22 Scott
6. Mother's Maiden Name	Annie Walls
7. Mother's Birthplace	Martinsburg
8. Full Name of Father	Geo Walls
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Louis McCahman
Address	849 Scott
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of

7957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	12th Dec 1875
4. Place of Birth (Street and Number)	165 Hughes
5. Full Name of Mother	Kate Kelly
6. Mother's Maiden Name	Kate Barrett
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Kelly
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A W. Webb M.D
Address	57 Barre l
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1955

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	12th Dec. 1875
4. Place of Birth (Street and Number)	41 Hanover
5. Full Name of Mother	Charlotte Caskey
6. Mother's Maiden Name	Charlotte Meuskamm
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Caskey
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr N Hebbeln MD
Address	57 Barre[illegible]
Remarks	

7989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex* (state whether Male or Female)	A Girl
2. *Race or Color* (if not of the white race)	A white
3. *Date of Birth*	12 of December
4. *Place of Birth* (Street and Number)	30 Eleot St
5. *Full Name of Mother*	Alisse Kabbouis
6. *Mother's Maiden Name*	Alisse Kaiser
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Kaiser
9. *Father's Occupation*	Oysters Schocher
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Anne Giles
Address	Tilton St
Remarks	the Child is well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Received of Vital Statistics.

7999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* German white.
3. *Date of Birth* December 12. 1875.
4. *Place of Birth (Street and Number)* W. Pratt St. N. 827
5. *Full Name of Mother* Helene Boenning
6. *Mother's Maiden Name* Helene May
7. *Mother's Birthplace* Helmarshaul C. Hessen.
8. *Full Name of Father* Henry Boenning
9. *Father's Occupation* Cegarmaker.
10. *Father's Birthplace* Helmarshausen Hessen.

Name of Medical Attendant, or other Person who makes this Return. Miss Dunbar 60 Shroeder St.

Address

Remarks

7991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 12th 1875
4. *Place of Birth (Street and Number)* 209 Lee st
5. *Full Name of Mother* Anna Hallback
6. *Mother's Maiden Name* " Hemback
7. *Mother's Birthplace* Provinz Rhein Preuss Germany
8. *Full Name of Father* Henry Hallback
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 328 South Eutaw st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* White

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* Dec 12th 1875

4. *Place of Birth (Street and Number)* 376 Charles St.

5. *Full Name of Mother* Maria Eiles

6. *Mother's Maiden Name* " Wehrheim

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Wm Eiles

9. *Father's Occupation* Confectionary

10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kuhn

Address 828 South Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of this Statement

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	12 December
4. Place of Birth (Street and Number)	59 Lees alley
5. Full Name of Mother	Emily Nicholson
6. Mother's Maiden Name	Wisson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Nicholson
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Margret Spriggs
Address	Peach alley 6 Bricklight East
Remarks	

RETURN OF A BIRTH.

7994

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 12th 1875
4. Place of Birth (Street and Number)	No 77 N. High St
5. Full Name of Mother	Cornelia C. Connor
6. Mother's Maiden Name	" Brashears
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George M. Connor
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Christner
Address	129 E. Monument St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	12th September 1875
4. Place of Birth (Street and Number)	73 High Street,
5. Full Name of Mother	Mary Louisa Leissner
6. Mother's Maiden Name	" Luther
7. Mother's Birthplace	United States of America
8. Full Name of Father	David Louis Leissner
9. Father's Occupation	Over Seer
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	92 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Records of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12th December 1875
4. Place of Birth (Street and Number)	57 Gay Street
5. Full Name of Mother	Elizabeth Gasow
6. Mother's Maiden Name	Grass
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Gasow
9. Father's Occupation	Confectioner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored Race.
3. Date of Birth	Dec 12th 1875.
4. Place of Birth (Street and Number)	No 11 Line St.
5. Full Name of Mother	Rachel Holliday.
6. Mother's Maiden Name	
7. Mother's Birthplace	Pine Neck. Queen Anne's Co. Md.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J B Jennings, M.D.
Address	298 Pennsylvania Ave.
Remarks	Illegitimate. Born at seven months. Physical condition not good.

7998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 17 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* December 12th 1875
4. *Place of Birth* (Street and Number) No. 5 New Church St.
5. *Full Name of Mother* Lizzie Myers.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Myers
9. *Father's Occupation* Basket Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jane Wrineberger

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics

7994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 12th 1875
4. *Place of Birth (Street and Number)* N. Washington St. No 113.
5. *Full Name of Mother* Doria Grill
6. *Mother's Maiden Name* Doria Müller
7. *Mother's Birthplace* Fulda Fr. Preusson Germany
8. *Full Name of Father* Gottfried Grill
9. *Father's Occupation* Garver
10. *Father's Birthplace* Lochaenhaus Fr. Oestreich ~~Germany~~ Europa

Name of Medical Attendant, or other Person who makes this Return. Mary C. Müller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5000

HEALTH DEPARTMENT
DEC
14
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	American White
3. *Date of Birth*	December 12th 1875
4. *Place of Birth* (Street and Number)	Vine St No 128
5. *Full Name of Mother*	Christina Richardson
6. *Mother's Maiden Name*	Christina Wirth
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Clark Richardson
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunbar
Address	60 Schroeder St
Remarks	

RETURN OF A BIRTH.

8001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 12th 1875
4. *Place of Birth (Street and Number)* 100 Watling Ave-
5. *Full Name of Mother* Medora M. Costin Medora M. Costin
6. *Mother's Maiden Name* Zimmer Zimmer
7. *Mother's Birthplace* Port-Deposit. Md.
8. *Full Name of Father* James M. Costin
9. *Father's Occupation* Stone Moulder
10. *Father's Birthplace* Fatetville N. C.

Name of Medical Attendant, or other Person who makes this Return. J. Edwin Harrington M. D.

Address 321 Light St.

Remarks Vertex. Presentation

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born alive or still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	White Female
2. Race or Color (if not of the white race)	White,
3. Date of Birth	December 12. 1875
4. Place of Birth (Street and Number)	293 E. Biddle St.
5. Full Name of Mother	Mary E. Frey,
6. Mother's Maiden Name	Mary E. Jones
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edward Frey
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. N. Houck M.D.
Address	756 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

[redacted]

8003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1976 BALTIMORE

Name: Edward Gifford Parker 5th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 12th 1875
4. Place of Birth (Street and Number)	386 E Fayette st
5. Full Name of Mother	Emma Parker
6. Mother's Maiden Name	Emma Phillips
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm H Parker
9. Father's Occupation	Painter
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1124 Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

8411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* December 12th 1875

4. *Place of Birth (Street and Number)* 27 N. Broadway

5. *Full Name of Mother* Paulina Dausch

6. *Mother's Maiden Name* " Seele

7. *Mother's Birthplace* Switzerland

8. *Full Name of Father* Pierre G. Dausch

9. *Father's Occupation* physician

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid

Address 27 N. Broadway

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 12th 1875
4. Place of Birth (Street and Number)	No 117 Hannes st
5. Full Name of Mother	Emma Georg
6. Mother's Maiden Name	Emma Brokelmann
7. Mother's Birthplace	Europe
8. Full Name of Father	Otto Georg
9. Father's Occupation	Grocer
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank sts
Remarks	

DEC
PD
15
BALTIMORE

8006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth.

1. *Sex* (state whether Male or Female) Boy.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 12. December
4. *Place of Birth* (Street and Number) 42. Chapleton Alley.
5. *Full Name of Mother* Marie Barach
6. *Mother's Maiden Name* " Schimanck
7. *Mother's Birthplace* Lazan Bohemia.
8. *Full Name of Father* Josef Baiach
9. *Father's Occupation* Cohfer.
10. *Father's Birthplace* Wolerie.

Name of Medical Attendant, or other Person who makes this Return. Dr. Conrad.

Address No 20. Barnet st.

Remarks

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febr. 12th /75.
4. Place of Birth (Street and Number)	Elliott St. Canton. No. 75.
5. Full Name of Mother	Kate Adams
6. Mother's Maiden Name	Kate Kessel
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	John Adams
9. Father's Occupation	Caulker
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Indiana & Allice Aaron sts
Remarks	

320

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8008

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	December 12th 1875.
4. Place of Birth (Street and Number)	No 766 Hamburg St.
5. Full Name of Mother	Julia Cathers.
6. Mother's Maiden Name	Julia Jacobs.
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Robert W. Cathers.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner
Address	No 174 Burgundy St
Remarks	non.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Fifty Dollars for Neglect.

RETURN OF A BIRTH.

8009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male Colored

2. Race or Color (if not of the white race)

3. Date of Birth December 12, 1875

4. Place of Birth (Street and Number) No 8 Penn Alley

5. Full Name of Mother Amanda Hill

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Nathaniel Hill

9. Father's Occupation Book Binder

10. Father's Birthplace Anne Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Frances Grant Cate Cook

Address No. 10 Penn Alley

Remarks

8010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1875 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Dec 13th 1875

4. Place of Birth (Street and Number) Parish of Mc Henry St

5. Full Name of Mother Mary Collett

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Collett

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. K. McClure

Address 582 N. Fayette

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) White

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 13th 1875

4. *Place of Birth* (Street and Number) No. 1 Margaret St.

5. *Full Name of Mother* Hetty Virginia Campbell

6. *Mother's Maiden Name* Pryor

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Felix Francis Campbell

9. *Father's Occupation* Court Clerk Circuit Court

10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. C. E. Wilson M.D.

Address 195 N. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics

RETURN OF A BIRTH.

8012

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec: 13th
4. Place of Birth (Street and Number)	112 Harlaem Ave
5. Full Name of Mother	Mary Eugenia Jones
6. Mother's Maiden Name	Mary Euge Bennett
7. Mother's Birthplace	Balto.
8. Full Name of Father	Edwin L. Jones
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto;
Name of Medical Attendant, or other Person who makes this Return.	Philip Jenkins
Address	148 Mulberry St
Remarks	Child Healthy

Penal Record of Public Statutes of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 15th 1875

HEALTH DEPARTMENT
DEC 15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 13th 1875.
4. Place of Birth (Street and Number) No. 24 Dallas St.
5. Full Name of Mother Lizzie Baker.
6. Mother's Maiden Name Lizzie McGuinch.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Henry Baker.
9. Father's Occupation Laborer.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No. 137 S. Wolfe St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 13th 1875
4. Place of Birth (Street and Number)	No 52 E. Baltimore St.
5. Full Name of Mother	Mary Louisa Swift
6. Mother's Maiden Name	Mary Louisa Dunlap
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Henry Swift
9. Father's Occupation	Confectioner
10. Father's Birthplace	Harford Co Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	This child weighed 11 pounds & appeared perfectly healthy but lived only about 36 hours.

Fee Record of Vital Statistics for the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	-- White
3. Date of Birth	Dec 13 1875
4. Place of Birth (Street and Number)	224 Scott st
5. Full Name of Mother	Ella. Bennet.
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jno T. Bennet.
9. Father's Occupation	R. R. Engineer
10. Father's Birthplace	Baltimore C.
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Still M.D.
Address	Cor Edmondson ave & Pulhem st
Remarks	

Penalty of Fine of Ten Dollars for Neglect.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT DEC 15 BALTIMORE

1050.

5016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 13. 1875
4. Place of Birth (Street and Number)	South Durham Str No 43
5. Full Name of Mother	Anna Schmidt
6. Mother's Maiden Name	Maria Schweichert
7. Mother's Birthplace	Beierling Bayern
8. Full Name of Father	Joseph Schmidt
9. Father's Occupation	Tailor
10. Father's Birthplace	Peinden Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Baumbach
Address	South Wolf Str No 28
Remarks	Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Nine
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	German White
3. Date of Birth	December 13th 1875
4. Place of Birth (Street and Number)	N. corner Pratt and Carey St
5. Full Name of Mother	Elizabeth Dill
6. Mother's Maiden Name	Elizabeth Henry
7. Mother's Birthplace	Prussia
8. Full Name of Father	Conrad Dill
9. Father's Occupation	Grocer
10. Father's Birthplace	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mr Dunbar 60 Throderick
Address	
Remarks	

8018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Calvin Edgar Sunstrom 3d Child

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Born December 13th 1875
4. Place of Birth (Street and Number)	147 Battery ave. Baltimore (M. D
5. Full Name of Mother	Isabel Virginia Sunstrom
6. Mother's Maiden Name	Isabel Virginia Wilson
7. Mother's Birthplace	Baltimore City M. D
8. Full Name of Father	Calvin Sunstrom
9. Father's Occupation	Policeman S. D
10. Father's Birthplace	Baltimore City M. D
Name of Medical Attendant, or other Person who makes this Return.	Mrs Celestine Conway
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9 Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	Dec 18/75
4. Place of Birth (Street and Number)	146 N Calvert St Balto
5. Full Name of Mother	Mary Garvey
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland Limerick,
8. Full Name of Father	Peter Garvey
9. Father's Occupation	Hack driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J H Latrobe M D
Address	23 Franklin Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5021

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	13th December.
4. Place of Birth (Street and Number)	174 Hamburg St.
5. Full Name of Mother	Rosadella Streu.
6. Mother's Maiden Name	Rosadella Lang.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Peter Streu.
9. Father's Occupation	Sugar Refiner
10. Father's Birthplace	Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr. M. Streu

Address

Remarks No 34 Lieberkade Street

Extract from Section 12 of the Ordinances of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5022

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 13th 1875 No 81 Jackson Square.

4. Place of Birth (Street and Number)

5. Full Name of Mother Katharine Spenger.

6. Mother's Maiden Name " Snijder.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father David Spenger.

9. Father's Occupation Laboring

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant or other Person who makes this Return. Dorothea Hofgramm.

Address No 175 South Eden St

Remarks

8023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* ~~154 Ensor St~~ Dec 18th 1895

4. *Place of Birth (Street and Number)* 154 Ensor St

5. *Full Name of Mother* Rosy Ford

6. *Mother's Maiden Name* Mill

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Ford

9. *Father's Occupation* Hack Driver

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Christner

Address 129 E. Monument St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male child

2. Race or Color (if not of the white race) Colard

3. Date of Birth Decembr 19 1846

4. Place of Birth (Street and Number) Louis ST 17

5. Full Name of Mother A Colins

6. Mother's Maiden Name A Nelsen

7. Mother's Birthplace Talbut co

8. Full Name of Father richit colins

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Liles

Address 247 orleans st

Remarks doing well

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Dec 13th 1875

4. *Place of Birth* (Street and Number) No 345 Light st.

5. *Full Name of Mother* Josephine Boehrs not married

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Germany.

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 20 Cross st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec. 13. 1875.
4. Place of Birth (Street and Number)	49 Fawn St.
5. Full Name of Mother	Mary A. Kelly.
6. Mother's Maiden Name	Mary A. McLane.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Patrick Kelly.
9. Father's Occupation	Supert. of Streets.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	No. 72 E. Pratt St.
Remarks	Child vigorous and healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

F 1027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3.

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* December 13
4. *Place of Birth* (*Street and Number*) 197 Canton Av
5. *Full Name of Mother* Sallie Fernhart
6. *Mother's Maiden Name* Sallie Eisfeld
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Henry Bernhard
9. *Father's Occupation* Labor
10. *Father's Birthplace* Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Dr. W Heilage

Address No 289 S. Bond St

Remarks

8025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 child
1. Sex (state whether Male or Female)	Jewish Race
2. Race or Color (if not of the white race)	male
3. Date of Birth	December 13th 1875
4. Place of Birth (Street and Number)	Central Avenue No 40
5. Full Name of Mother	Caroline Rosenau
6. Mother's Maiden Name	" " Schlesinger
7. Mother's Birthplace	Bayern Europe
8. Full Name of Father	Levi Rosenau
9. Father's Occupation	Clothing Dealer
10. Father's Birthplace	Baden Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Helig
Address	48 Holland St Baltimore Md.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5029

HEALTH DEPARTMENT
DEC 30
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 13 1875

4. Place of Birth (Street and Number) Baltimore No Jasper St

5. Full Name of Mother Sarah L Johnson

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father Samuel Johnson

9. Father's Occupation Waiter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

RETURN OF A BIRTH.

8030

HEALTH DEPT. JAN 1 876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 13. 1875
4. Place of Birth (Street and Number)	299 N Bond St. cor. Chase
5. Full Name of Mother	Mary E Regester
6. Mother's Maiden Name	J. E. Day
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Dan'l Thomas Regester
9. Father's Occupation	Bell manufacturer & Brass finisher
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	A Hattman M.D.
Address	305 N Caroline St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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80.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 14th 1895

4. *Place of Birth* (Street and Number) Balair Ged m monte

5. *Full Name of Mother* Kuszmus Louisa

6. *Mother's Maiden Name* Kuszmus Jaundi

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Bernhard Kuszmus

9. *Father's Occupation* Bartender

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Emma Spillogist

Address 182 W Lemmert st

Remarks

RETURN OF A BIRTH.

8032

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 29 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 14
4. Place of Birth (Street and Number)	No 10 Central Ave
5. Full Name of Mother	Amalie Cohen
6. Mother's Maiden Name	Gungumbein
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Cohen
9. Father's Occupation	None
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

5033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 14th
4. Place of Birth (Street and Number)	Lexington
5. Full Name of Mother	Mary Stire
6. Mother's Maiden Name	Lamart
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Stire
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 58 Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

31031

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 14th
4. Place of Birth (Street and Number)	Baltimore Diamond st No. 12
5. Full Name of Mother	Mary Baker
6. Mother's Maiden Name	Carey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	C. Baker
9. Father's Occupation	Scale maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parkins st
Remarks	

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 14 of December.
4. *Place of Birth (Street and Number)* No 108 Franklin Street.
5. *Full Name of Mother* Mary Thestrich.
6. *Mother's Maiden Name* Mary Wirth.
7. *Mother's Birthplace* born in Baltimore.
8. *Full Name of Father* Charles Thestrich.
9. *Father's Occupation* a Cashier.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Thresa Eigelsinger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8036

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Dec 14th 1875
4. *Place of Birth (Street and Number)*	No 15 Price's Court
5. *Full Name of Mother*	Martha Conroy
6. *Mother's Maiden Name*	" Casby
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Patrick Conroy
9. *Father's Occupation*	Car Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula P. Chrismer
Address	129 E. Monument St
Remarks	

8037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 14th 1875
4. *Place of Birth (Street and Number)* 19 Stirling St
5. *Full Name of Mother* Bridget Daly
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm Daley
9. *Father's Occupation* Stuckster
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Lahriemer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th June 1875
4. Place of Birth (Street and Number)	65 S. Caitlin
5. Full Name of Mother	Bridget Dirkan
6. Mother's Maiden Name	Bridget Lifus
7. Mother's Birthplace	Co. Mayo Ireland
8. Full Name of Father	John Dirkan
9. Father's Occupation	Laborer
10. Father's Birthplace	Co. Mayo Ireland
Name of Medical Attendant, or other Person who makes this Return.	John F. Cunningham M.D.
Address	S. Brown Columbia
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8039

HEALTH DEPARTMENT
DEC 16 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 14th December 1875.
4. *Place of Birth* (Street and Number) 2 Second St.
5. *Full Name of Mother* Sarah Pimpe
6. *Mother's Maiden Name* Lederman
7. *Mother's Birthplace* Russia.
8. *Full Name of Father* Solomon Pimpe
9. *Father's Occupation* Shoe-maker
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

RETURN OF A BIRTH.

5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	14th December 1875
4. Place of Birth (Street and Number)	129 ✓ Bond St
5. Full Name of Mother	Ellen Augusta Swank.
6. Mother's Maiden Name	Ellen A. Bartee
7. Mother's Birthplace	Norfolk Virginia.
8. Full Name of Father	Hadens Wallace Swank.
9. Father's Occupation	Superintendent of Telegraph
10. Father's Birthplace	Milledgeville, Georgia.
Name of Medical Attendant, or other Person who makes this Return.	Nicholas L. Dashiell
Address	N. 209 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

80111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 14th 1875
4. Place of Birth (Street and Number)	32 n. Paca Street
5. Full Name of Mother	Caroline Ewald
6. Mother's Maiden Name	C. Steiff
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Ewald
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	56 Stark West.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8042

DEC 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 14th 1875.
4. Place of Birth (Street and Number)	Eden 3 doors from Gay Street.
5. Full Name of Mother	Elisabeth Grate
6. Mother's Maiden Name	E. Kramer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Fred. Grate
9. Father's Occupation	Jeweler
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Meiser
Address	56 Pearl Street
Remarks	

80113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3tes Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 11th 1875
4. *Place of Birth (Street and Number)* N. Chester St. no Number
5. *Full Name of Mother* Anna. B. Sybring
6. *Mother's Maiden Name* Anna B. Grothgans
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann. H. Sybring
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
DEC 28 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* December 14th 1875
4. *Place of Birth* (Street and Number) 248 S. Eutaw St
5. *Full Name of Mother* Dinie Fowls
6. *Mother's Maiden Name*
7. *Mother's Birthplace* West Rivir Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Willi Gross

Address No 1 Patapsco Ave

Remarks Ne

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 11
4. Place of Birth (Street and Number)	Ford Balt. Co.
5. Full Name of Mother	Ida Edwards
6. Mother's Maiden Name	Ida Nilson
7. Mother's Birthplace	D.C.
8. Full Name of Father	Frank Edwards
9. Father's Occupation	Clerk
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	A H Nilson
Address	251 Mad. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 14th 1875
4. Place of Birth (Street and Number)	123 Boyd St
5. Full Name of Mother	Mary Louisa Davis
6. Mother's Maiden Name	Mary Louisa Wardecker
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John A Davis
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M. L. Reguler MD
Address	17 N Calhoun St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 4th 1875
4. *Place of Birth (Street and Number)* No 162 Sterling St
5. *Full Name of Mother* Catharine Feglau
6. *Mother's Maiden Name* Catharine Meesmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Feglau
9. *Father's Occupation* Watch maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Ema K Aegerter

Address No 152 Townsend St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
30
75
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 14 Dec 1875

4. Place of Birth (Street and Number) Baltimore No 22 Clinton str

5. Full Name of Mother Hatty Cook

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father William Cook

9. Father's Occupation Waiter

10. Father's Birthplace Newyork City

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 83 Oxford st

Remarks

8019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	14th
4. Place of Birth (Street and Number)	71 N. Fremont St
5. Full Name of Mother	Adeline Lenz
6. Mother's Maiden Name	Adeline Radeeke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Lenz
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Degeles
Address	60 N. Debrooder St
Remarks	

HEALTH DEPARTMENT OCT 21 1895 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 1st Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st December 1913
4. Place of Birth (Street and Number)	Penzance Av. 600
5. Full Name of Mother	Mrs Mary Eidman
6. Mother's Maiden Name	Mrs Mary Schiele
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr. Daniel Eidman
9. Father's Occupation	Poultry Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dimler
Address	60 N Schroeder St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

50.57

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 14. 75
4. Place of Birth (Street and Number)	#99 E. Eager St.
5. Full Name of Mother	Laura V. Livingston
6. Mother's Maiden Name	" " Tyler
7. Mother's Birthplace	Balto.
8. Full Name of Father	Chas. W. Livingston
9. Father's Occupation	Printer
10. Father's Birthplace	Norfolk, Va.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	#305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 15th 1875.

4. *Place of Birth* (Street and Number) No 182 Saint Mary's St

5. *Full Name of Mother* Emily Desmond

6. *Mother's Maiden Name* E. Desmond

7. *Mother's Birthplace* North Hampton England

8. *Full Name of Father* John Michael Desmond

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* London England

Name of Medical Attendant, or other Person who makes this Return. Dr. John M. Steele

Address No 203 W. Saratoga St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 15th 1875
4. Place of Birth (Street and Number)	No 132 N Republican st
5. Full Name of Mother	Alice A Smith
6. Mother's Maiden Name	" " Valentine
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas L Smith
9. Father's Occupation	Printer
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	M L Rider M D
Address	8
Remarks	by Mailing St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

803-11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th —

1. Sex (state whether Male or ~~Female~~) 1

2. Race or Color (if not of the white race) White —

3. Date of Birth Dec 15-th - 1898 —

4. Place of Birth (Street and Number) No 34 Orleans St

5. Full Name of Mother Mary E. McClelland.

6. Mother's Maiden Name do do Jackson

7. Mother's Birthplace Baltimore

8. Full Name of Father David P. McClelland.

9. Father's Occupation Policeman

10. Father's Birthplace Belfast Ireland.

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8055

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 15th Dec. 1875

4. *Place of Birth (Street and Number)* 40 Marion St

5. *Full Name of Mother* Mary Gilleran

6. *Mother's Maiden Name* " Corcoran

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Michael Gilleran

9. *Father's Occupation* Omnibus Driver

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Christmas

Address 129 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Four
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 15th 75
4. Place of Birth (Street and Number)	24 E. Monument
5. Full Name of Mother	Alice Philips
6. Mother's Maiden Name	Alice Corcoran
7. Mother's Birthplace	Balt. Co.
8. Full Name of Father	Isaac Philips
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Robert F. Mossman M.D.
Address	Physician. Calvert & Read sts.
Remarks	

RETURN OF A BIRTH.

8057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 15th 1875 6 a m
4. Place of Birth (Street and Number)	198 Mulberry St
5. Full Name of Mother	Rosa Kelly
6. Mother's Maiden Name	Reily
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Kelly
9. Father's Occupation	Hack Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	R. Winslow M.D.
Address	23 McCulloh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or [redacted] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~*state whether 1st*~~, *2d*, ~~*3d, &c.*~~) .....

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~) .....

2. Race or Color (~~*if not of the*~~ *white race*) .....

3. Date of Birth 13th Dec 1875.

4. Place of Birth (Street and Number) 184 Arlington Av Baltimore Md

5. Full Name of Mother Kate W. Boykin,

6. Mother's Maiden Name Kate W. Hicks,

7. Mother's Birthplace Portsmouth Virginia,

8. Full Name of Father Thomas C. Boykin,

9. Father's Occupation Merchant, Enrolled as a Physician,

10. Father's Birthplace Clinton, North Carolina,

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139. Arlington Avenue

Remarks Natural labor, 10 hours duration. Baby

presentation, Mother & child

8059

HEALTH DEPARTMENT
DEC
25
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White Race.

3. Date of Birth DEC 15th 1875.

4. Place of Birth (Street and Number) Nr 171 Townsend St Baltimore Md.

5. Full Name of Mother Miss Alice Anna Kellenberger.

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. D Bevenings, M. D.

Address Nr 298 Pennsylvania Ave.

Remarks Illegitimate.

Physical condition good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

80690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 15th 1875
4. Place of Birth (Street and Number)	No 645 Wolfe st
5. Full Name of Mother	Maria Miller
6. Mother's Maiden Name	Maria Keil
7. Mother's Birthplace	Germany
8. Full Name of Father	Mathew Miller
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Brockmann
Address	120 Bank st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 September
4. Place of Birth (Street and Number)	Lombard between Arch & No 27
5. Full Name of Mother	Maria Krutz
6. Mother's Maiden Name	Gabrosina Maria Lutz
7. Mother's Birthplace	Saxe Gabrosina
8. Full Name of Father	Philip Krutz
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Saxe Gabrosina
Name of Medical Attendant, or other Person who makes this Return.	Friedrike Gund
Address	Baltimore 247
Remarks	Gabrosina

RETURN OF A BIRTH.

8042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1875
4. Place of Birth (Street and Number)	289 Hanover St
5. Full Name of Mother	Emma V. Boenge
6. Mother's Maiden Name	Emma V Bradley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas A Boenge
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos Boyd M D
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5063

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 15. 1875
4. Place of Birth (Street and Number)	333. Hoffman St.
5. Full Name of Mother	Mary Isabella Collins
6. Mother's Maiden Name	Jackson
7. Mother's Birthplace	Talbot Co. Md.
8. Full Name of Father	Isaac Collins
9 Father's Occupation	Well-Digger
10. Father's Birthplace	Baltimore Co. Md
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D.
Address	431. Penna. Ave
Remarks	

8164

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 3 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colord

3. Date of Birth dec 15

4. Place of Birth (Street and Number) 31 [redacted] low st

5. Full Name of Mother Marzy jane lankford

6. Mother's Maiden Name Mary jane pittie

7. Mother's Birthplace Baltimore

8. Full Name of Father [illegible] lankford

9. Father's Occupation labar

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs lear [illegible]

Address no 32 north st

Remarks [illegible] child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 16. 1875
4. *Place of Birth (Street and Number)* No 89 St Thomas' st
5. *Full Name of Mother* Friederika Hartge
6. *Mother's Maiden Name* Friederika Kretzer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Hartge
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Mc Cagin

Address 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	December 15th 1875.
4. Place of Birth (Street and Number)	No 398 Scott Str
5. Full Name of Mother	Rosa Stricklin.
6. Mother's Maiden Name	Rosa Frazier.
7. Mother's Birthplace	Baltimore, Md
8. Full Name of Father	Jessie Stricklin
9. Father's Occupation	Oyster Measurer on the wharfs
10. Father's Birthplace	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy Str
Remarks	none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8067

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 21 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 16 1875
4. *Place of Birth (Street and Number)* N. 212 Chew St.
5. *Full Name of Mother* Lucy Zuchel
6. *Mother's Maiden Name* Mary Timm
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Zuchel
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Edward Killgus

Address 181 Monument St

Remarks

8068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT OF HEALTH
DEC 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 16 December
4. *Place of Birth* (Street and Number) 6 Durham Street
5. *Full Name of Mother* Karoline Breitenbeen
6. *Mother's Maiden Name* Franka
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Franz Breitenbeen
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept. 11 1875

RECEIVED SEP 22 1875 REGISTRAR'S OFFICE BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Sept. 16th 1875
4. *Place of Birth (Street and Number)* No 1 S. Wiggins
5. *Full Name of Mother* Tina Hagel Bergel
6. *Mother's Maiden Name* Tina Bergel
7. *Mother's Birthplace* America
8. *Full Name of Father* John Bergel
9. *Father's Occupation* Segar maker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend

Address No 17 S. Wiggins St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8079

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16
4. Place of Birth (Street and Number)	Baltimore street at 219
5. Full Name of Mother	Eley Howl
6. Mother's Maiden Name	Eley Colley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Howl
9. Father's Occupation	waterman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Fathorn
Address	233 Jonson st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8071

HEALTH-DEPARTMENT DEC 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 16th 1875
4. *Place of Birth* (Street and Number) No 150 Saint St
5. *Full Name of Mother* Maria Anna Dahme
6. *Mother's Maiden Name* M. A. Madden
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Peter Dahme
9. *Father's Occupation* Cigar Store Cumberland Md
10. *Father's Birthplace* Port New York

Name of Medical Attendant or other Person who makes this Return. Cornelius W. Rourke M.D.

Address No 203 N. Saint St

Remarks

RETURN OF A BIRTH.

8072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (~~state whether Male or~~ Female) Female

2. Race or Color (~~if not of the white~~ race) White

3. Date of Birth Dec 10 75

4. Place of Birth (Street and Number) 213 Baltimore St.

5. Full Name of Mother Henrietta Segal

6. Mother's Maiden Name Henrietta Bendheim

7. Mother's Birthplace Baden Darmstadt, Germany

8. Full Name of Father Philip Segal

9. Father's Occupation Clerk

10. Father's Birthplace London, England

Name of Medical Attendant, or other Person who makes this Return. Jno. L. A. Wood, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Ordinances of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8073

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th December 1875
4. Place of Birth (Street and Number)	229 Caroline St.
5. Full Name of Mother	Fanny Cravens
6. Mother's Maiden Name	Reader
7. Mother's Birthplace	U. States of America
8. Full Name of Father	George Cravens
9. Father's Occupation	Carpenter
10. Father's Birthplace	U States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E Lombard	
Remarks	

80711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 16 th 1875
4. Place of Birth (Street and Number)	14 56 Montgomery st.
5. Full Name of Mother	Elisabeth Stich
6. Mother's Maiden Name	Reily
7. Mother's Birthplace	Germany.
8. Full Name of Father	Adam Stich
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schnaufer midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 21 1875
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th Dec: 1875
4. Place of Birth (Street and Number)	98 Hillsdale St.
5. Full Name of Mother	Priscilla Ridgely Morrison
6. Mother's Maiden Name	Priscilla Ridgely White
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Earnest A. Morrison
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Osborne M.D.
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 16th
4. Place of Birth (Street and Number)	341 Franklin Street
5. Full Name of Mother	C. A. Smoot
6. Mother's Maiden Name	C. A. Berman
7. Mother's Birthplace	Virginia
8. Full Name of Father	A. K. Smoot
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sophia Mennet
Address	36. East Mont.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8077

DEC 31 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colour
3. *Date of Birth* December 16 1875
4. *Place of Birth* (Street and Number) No 1 Chapple alley
5. *Full Name of Mother* Elizabeth Eaves
6. *Mother's Maiden Name* Elizabeth Thorton
7. *Mother's Birthplace* Born in Caroline Co. Md
8. *Full Name of Father* Amos Davis
9. *Father's Occupation* Spinning
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Willie Gross

Address No 1 Parkinson Street

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 16/75
4. Place of Birth (Street and Number)	27 S Calhoun st
5. Full Name of Mother	Bridget Govin
6. Mother's Maiden Name	Mahoney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm Govin
9. Father's Occupation	Tanner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. L. Stevenson
Address	339 W Lombard st
Remarks	

RETURN OF A BIRTH.

8079

DEC 20 02

BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 16/93.

4. Place of Birth (Street and Number) 99 Hopkins st

5. Full Name of Mother Emma Cox

6. Mother's Maiden Name " Hildebrand

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Oliver Cox

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. L. L. Quinton

Address 34 Hopkins st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8051.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 16th 1875

4. Place of Birth (Street and Number) 395 Eastern Ave.

5. Full Name of Mother Rose Anna Baldwin

6. Mother's Maiden Name " " Ellis

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Theodore Baldwin

9. Father's Occupation Oyster Packer

10. Father's Birthplace Fair Haven, Conn.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the residence of the parents, and the maiden name of the mother of such child or children

8081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 18th 1895
4. Place of Birth (Street and Number)	#164 Dinwiddie Ct. F.P.
5. Full Name of Mother	Mary Medinger Hodges
6. Mother's Maiden Name	Mary Medinger
7. Mother's Birthplace	Germany
8. Full Name of Father	Jamie R Hodges
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	#198 Chapel Ct. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8082

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NEW DEPARTMENT OF HEALTH
DEC 22 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	female - Mary Virginia Brent
2. Race or Color (if not of the white race)	American
3. Date of Birth	December 16th 1875
4. Place of Birth (Street and Number)	Baltimore St No 108.
5. Full Name of Mother	Louisa Brent
6. Mother's Maiden Name	Louisa Bohn
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John M Brent
9. Father's Occupation	Drug Clerk
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St Baltimore Md.
Remarks	Full name added by sister

Mrs Katie Eccleston Sister

J E Wehn - Reg
July 16-1938

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8053 -

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Dec 16 1911
4. Place of Birth (Street and Number)	125 orleans 21
5. Full Name of Mother	Alice Johnson
6. Mother's Maiden Name	do Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Grains Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Snow hill summerset Co md
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Bedford midwife
Address	130 Register st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health, relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

80811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 16th 75

4. Place of Birth (Street and Number) 1 Linden al

5. Full Name of Mother Harriet Indiana

6. Mother's Maiden Name Harris Indiana

7. Mother's Birthplace Baltimore

8. Full Name of Father William Anderson

9. Father's Occupation Hack Driver

10. Father's Birthplace ~~Baltimore~~ Ireland

Name of Medical Attendant, or other Person who makes this Return. John Dickson

Address 261 Madison Avenue

Remarks

8015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 16th 1875
4. Place of Birth (Street and Number)	No 108 Forrest st
5. Full Name of Mother	Elizabeth Aszel
6. Mother's Maiden Name	Elizabeth abel
7. Mother's Birthplace	Germany
8. Full Name of Father	John Aszel
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buschmann
Address	120 Bank str
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child & second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* December 16th 1875 in ~~mother~~ Thursday

4. *Place of Birth (Street and Number)* 531 North Gay St Baltimore

5. *Full Name of Mother* Isabelle Ellistock

6. *Mother's Maiden Name* Isabelle Pollock

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Lucien Bernard Ellistock

9. *Father's Occupation* Engineer Locomotive

10. *Father's Birthplace* St Louis Mo

Name of Medical Attendant, or other Person who makes this Return. Dr Theo Pfaff Midwife

Address No 79 Somerset St. Also Pfaff new Sick and

Remarks Linen praxis

8087

RETURN OF A BIRTH.

DEPARTMENT OF HEALTH DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 16 Dec 1875
4. *Place of Birth* (Street and Number) Balt No 138 Orchard St
5. *Full Name of Mother* Harriet Shirley
6. *Mother's Maiden Name* Atkins
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Albert Shipley
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 83 Oxford St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 16th 1875 6½ P. M.
4. *Place of Birth (Street and Number)* 49 S. Caroline St.
5. *Full Name of Mother* Emma Blanche McAllister
6. *Mother's Maiden Name* Emma Blanche Marshall
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Richard C. McAllister
9. *Father's Occupation* Grating
10. *Father's Birthplace* Dorchester Co. Md

Name of Medical Attendant, or other Person who makes this Return. Jamie E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8089

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second.

1. *Sex* (state whether Male or Female) Boy.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 16. December
4. *Place of Birth* (Street and Number) 136 Spring St.
5. *Full Name of Mother* Anna Taibert
6. *Mother's Maiden Name* " " Marek
7. *Mother's Birthplace* Lucavec Bohemia.
8. *Full Name of Father* Albert Taibert
9. *Father's Occupation* Copper.
10. *Father's Birthplace* Frankreich.

Name of Medical Attendant, or other Person who makes this Return. Jn. Conrad

Address No. 20. Barnet St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Thursday 16th
4. Place of Birth (Street and Number)	Baltimore no 665 Wt Baltimore
5. Full Name of Mother	Franlienia Tiekle
6. Mother's Maiden Name	Pauline Jacquemin.
7. Mother's Birthplace	Germen. Süderborn.
8. Full Name of Father	Christoph. Tiekel.
9. Father's Occupation	Tailor
10. Father's Birthplace	Germen. Grünberg.
Name of Medical Attendant, or other Person who makes this Return.	Mrs dr Tobler Dinter
Address	60 North schrooder st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPART. DEC 23 1875 BALTIMORE

8091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) W

3. *Date of Birth* 16th Dec 1895

4. *Place of Birth* (Street and Number) 288 Light st

5. *Full Name of Mother* Sadie Thompson

6. *Mother's Maiden Name* Sadie Hoffman

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* R. E. Thompson

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Minnesota

Name of Medical Attendant, or other Person who makes this Return. H W Webster M D

Address 57 Burnett

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING

8092 - 8093

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8094

HEALTH D. JAN 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 16th 1874
4. *Place of Birth (Street and Number)* 162 Saratoga Street
5. *Full Name of Mother* Mary E Hall
6. *Mother's Maiden Name* Mary E Fisher
7. *Mother's Birthplace* Montgomery County
8. *Full Name of Father* Charles A Hall
9. *Father's Occupation* Labor
10. *Father's Birthplace* Montgomery

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 25 Orchard Street

Remarks

RETURN OF A BIRTH.

8093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 16th 1875
4. Place of Birth (Street and Number)	1423 Pacca St.
5. Full Name of Mother	Maggie Gude
6. Mother's Maiden Name	Maggie Stahl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Julius Gude
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. W. Hillenbergen
Address	121 W. Lemmon St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dezember 16th 1875.
4. Place of Birth (Street and Number)	No 407 Crossstr.
5. Full Name of Mother	Louisa Kahl.
6. Mother's Maiden Name	Louisa Gaebler.
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Charles C. Kahl.
9. Father's Occupation	Barber.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy-Alley
Remarks	non.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17th/75.
4. Place of Birth (Street and Number)	Bradford. Aly. No. 16
5. Full Name of Mother	Maria Kappel
6. Mother's Maiden Name	Maria Dopp.
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Lewis Kappel
9. Father's Occupation	Laborer
10. Father's Birthplace	Darmstadt Germ
Name of Medical Attendant, or other Person who makes this Return.	Jo Hamm Schultz
Address	Richmond
Remarks	320 Alice Anna st

HEALTH DEPARTMENT
DEC
30
1875
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 11th 1875
4. *Place of Birth (Street and Number)* 1216 Park st
5. *Full Name of Mother* Ellen Tocci
6. *Mother's Maiden Name* Ellen Donnelly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Tocci
9. *Father's Occupation* Grocery store
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Emma Millegiste

Address 151 Monument

Remarks

Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 17th 75
4. *Place of Birth (Street and Number)* 11 China St.
5. *Full Name of Mother* Maggie Rehrmann
6. *Mother's Maiden Name* Hahn
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Theodorius Rehrmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 528 South Eutaw St

Remarks

Extract from Sanitary Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Dec 17 1875
4. Place of Birth (Street and Number)	116 Dallas Street
5. Full Name of Mother	Mary Jane Harod
6. Mother's Maiden Name	" " Green
7. Mother's Birthplace	Maryland
8. Full Name of Father	Asmeteal Harod
9. Father's Occupation	Stevedore
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary Virginia Williams
Address	
Remarks	This child only lived about 2 or 3 hours

Returns Registrations of the Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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5101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 17th 1875
4. *Place of Birth* (Street and Number) 35 Hanover St Baltimore Md
5. *Full Name of Mother* Kate Meeks
6. *Mother's Maiden Name* Kate Akers
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Meeks
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Casenjeh

Address 214 Reston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17th 1875
4. Place of Birth (Street and Number)	207 Lemon St
5. Full Name of Mother	Kate Birmingham
6. Mother's Maiden Name	Kate Feeley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thos Birmingham
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Edwd F. Michelsen
Address	279 W. Lemon
Remarks	Infant lived 10 minutes
[redacted]	[redacted]

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The third

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th December
4. *Place of Birth (Street and Number)* Corner Chapel and East Avenue
5. *Full Name of Mother* Veronica Adams
6. *Mother's Maiden Name* Veronica Hiss
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Adams
9. *Father's Occupation* Bar and Grocery
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 15th 1873.
4. Place of Birth (Street and Number)	44 Pine Street
5. Full Name of Mother	Babetha Wagner
6. Mother's Maiden Name	B. Faut
7. Mother's Birthplace	Gotha Germany
8. Full Name of Father	H. B. Wagner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Earliest Regulations of the Board of Health in relation to the Registration of Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5105

DEATH DEPARTMENT DEC 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 17th 1875

4. Place of Birth (Street and Number) 4 Spring Garden Avenue

5. Full Name of Mother Sally Williams

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mellie Grafs

Address No 1 Patapsco Ave

Remarks None

8106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2?

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec 17

4. Place of Birth (Street and Number) Park Ave near Mosher

5. Full Name of Mother Cornelia Medairy

6. Mother's Maiden Name Cornelia Walker

7. Mother's Birthplace Virginia

8. Full Name of Father D. H. Medairy

9. Father's Occupation Clerk

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. H. M. Nelson

Address 257 Mad. Ave.

Remarks Forceps

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1870 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		2
1. Sex (state whether Male or Female)		Male
2. Race or Color (if not of the white race)		White
3. Date of Birth		Dec 17 1875
4. Place of Birth (Street and Number)	92	Dolphin Street Baltimore
5. Full Name of Mother		Maggie Krug
6. Mother's Maiden Name		Maggie Krug
7. Mother's Birthplace		Baltimore
8. Full Name of Father		Thomas B. Krug
9. Father's Occupation		Labor
10. Father's Birthplace		Baltimore
Name of Medical Attendant, or other Person who makes this Return.		Mrs Mc Elroy
Address		Porter Alley near Biddle Street
Remarks		

5118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 17th 1875.
4. Place of Birth (Street and Number)	303 Lanvale St.
5. Full Name of Mother	Sarah Klinefelter
6. Mother's Maiden Name	Sarah Hughes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	V. V. Klinefelter
9. Father's Occupation	Mercer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. W. Hillenburg
Address	121 W. Lemmon St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8109

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
8
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 12th 1875
4. Place of Birth (Street and Number)	27 Port St. Canton
5. Full Name of Mother	Annie Bitner
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Richard Bitner
9. Father's Occupation	Iron Worker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. Edward Miller
Address	143 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17th 1875
4. Place of Birth (Street and Number)	129 N Bond st
5. Full Name of Mother	Annie Carr
6. Mother's Maiden Name	Annie ———
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Saml Carr
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1½ S Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT OF HEALTH
DEC
20
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 17th 1875
4. *Place of Birth (Street and Number)* No 166 S Ann st
5. *Full Name of Mother* Kate Heim
6. *Mother's Maiden Name* Kate Sultan
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Heim
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank sts

Remarks

Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 17th 1875
4. Place of Birth (Street and Number)	No 115 Register str
5. Full Name of Mother	Maria Becker
6. Mother's Maiden Name	Maria Frederick
7. Mother's Birthplace	City
8. Full Name of Father	Louis Becker
9. Father's Occupation	Cutter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchman
Address	120 Bank str
Remarks	

Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex (state whether Male or Female)	~~2~~ female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 1st 1875
4. Place of Birth (Street and Number)	No 31 Castle st
5. Full Name of Mother	Brasris Vardi
6. Mother's Maiden Name	Brasris Thomas
7. Mother's Birthplace	City
8. Full Name of Father	Joseph Vardi
9. Father's Occupation	Watchman
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Breshnaman
Address	120 Bank st
Remarks	

81111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 17th 1875

4. Place of Birth (Street and Number) 314 Cross st

5. Full Name of Mother Mary M Gallagher

6. Mother's Maiden Name Mary M. Stevens

7. Mother's Birthplace Philadelphia Pa

8. Full Name of Father James J Gallagher

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cotta M.D.

Address 146 - 96 Ostend st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
DEC
20
1875
BALTIMORE MD.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febr 17/75.
4. Place of Birth (Street and Number)	Eastern Ave No. 315
5. Full Name of Mother	Maria Lang.
6. Mother's Maiden Name	Maria Hoeman
7. Mother's Birthplace	Altman Germ.
8. Full Name of Father	Fred. Lang.
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Fairwyke
Remarks	320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

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8116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
15
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 17th 1875
4. Place of Birth (Street and Number)	36 Leadenhall Street
5. Full Name of Mother	Louise Heiker
6. Mother's Maiden Name	Louise Bonen
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Heiker
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 17th December 1915

4. *Place of Birth (Street and Number)* 412 N. Lombard

5. *Full Name of Mother* Annie Blair

6. *Mother's Maiden Name* Annie Ward

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Peter J. Blair

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dunker Midwife

Address Co N Schroeder

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Dec 17 1875
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Friday Dec 17 1875
4. Place of Birth (Street and Number)	No 20 Chestnut St
5. Full Name of Mother	Emilia Right
6. Mother's Maiden Name	Emilia Lemley
7. Mother's Birthplace	Eastan Shore Md
8. Full Name of Father	William Right
9. Father's Occupation	occupation Carter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hindes. 135 Chestnut St. Baltimore
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 17th 1875
4. *Place of Birth (Street and Number)* No 73 Mount Vernon Place
5. *Full Name of Mother* Ida Jones
6. *Mother's Maiden Name* Ida Hyde
7. *Mother's Birthplace* Natchitoches Louisiana
8. *Full Name of Father* Henry Jones
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Hartford Connecticut

Name of Medical Attendant, or other Person who makes this Return. H. S. Chatard M.D

Address No 116 Park Ave

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 17th 1875
4. *Place of Birth (Street and Number)* N. W. S. Exeter St.
5. *Full Name of Mother* Mary Clara Gallagher
6. *Mother's Maiden Name* Mary Clara McElroy
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Francis T. Gallagher
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17 75
4. Place of Birth (Street and Number)	S. W. Cor. Cent. & Fremont Sts
5. Full Name of Mother	Mary Kries
6. Mother's Maiden Name	Cayman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Von Kries
9. Father's Occupation	Confectioner
10. Father's Birthplace	Bells
Name of Medical Attendant, or other Person who makes this Return.	Lewis M Eastman
Address	849 Cent
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17th Decem. 1875
4. Place of Birth (Street and Number)	17 S. Caton
5. Full Name of Mother	Rachel Teague
6. Mother's Maiden Name	Knight
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Teague
9. Father's Occupation	Machinist
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Chas Hood M.D.
Address	274 Hollins St.
Remarks	very fine, well developed child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	December 17th 1875.
4. Place of Birth (Street and Number)	157 Conway St
5. Full Name of Mother	Anna L. Clatsafat
6. Mother's Maiden Name	Anna L. Long
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Derrick Clatsafat
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thedore Cook M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT. OF HEALTH
DEC 29 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18th 1875
4. *Place of Birth (Street and Number)* Oak hill no. number
5. *Full Name of Mother* Lina Hilkens
6. *Mother's Maiden Name* Lina Lord
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Hilkens
9. *Father's Occupation* Works on Mrs Brooms plac
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hilkens

Address 142 Monument St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 12th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Dec. 8th 1875.
4. *Place of Birth (Street and Number)* No. 8. Madeira Alley.
5. *Full Name of Mother* Mary Hager.
6. *Mother's Maiden Name* Mary Lutz.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Geo. D. Hager.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No. 32 S. Wolfe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 18th 1875
4. Place of Birth (Street and Number)	107 N High Street
5. Full Name of Mother	Anna Dressel
6. Mother's Maiden Name	" " Klein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Martin Dressel
9. Father's Occupation	Bakery
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Barbara Reisz
Address	No 40 E Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* 18th of December
4. *Place of Birth* (Street and Number) S. Chappel St
5. *Full Name of Mother* Sofia Hook
6. *Mother's Maiden Name* Sofia Hulse
7. *Mother's Birthplace* Dillenschmit
8. *Full Name of Father* Balthaus Hook
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Nostach Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Dr. Lederer

Address # 233 S. Durham St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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8128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18th december 1875
4. *Place of Birth* (Street and Number) 75 Oxford st Baltimore Md
5. *Full Name of Mother* Louisa Buck
6. *Mother's Maiden Name* Louisa Buss
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Buck
9. *Father's Occupation* Milk dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Berenzeh

Address 214 Preston st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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8129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18th 1875
4. *Place of Birth (Street and Number)* 48 Stockton st Baltimore Md
5. *Full Name of Mother* Maggia Park
6. *Mother's Maiden Name* Maggia Manning
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Park
9. *Father's Occupation* Paper hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Hesenzihl

Address 214 Preston st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8130

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 18th
4. Place of Birth (Street and Number)	200 N. Broadway
5. Full Name of Mother	Sarah J. Kirby
6. Mother's Maiden Name	Sarah J. Holroney
7. Mother's Birthplace	Near Easton Talbott Md.
8. Full Name of Father	Thomas H Kirby
9. Father's Occupation	Plasterer
10. Father's Birthplace	Oxfordshire England
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Price
Address	176 N. Broadway Baltimore Md.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 18
4. Place of Birth (Street and Number)	Mad. Ave & Mosher St.
5. Full Name of Mother	Louisa Schafer
6. Mother's Maiden Name	Louisa Schafer
7. Mother's Birthplace	Balto.
8. Full Name of Father	Charles E. Amos
9. Faiher's Occupation	Clerk
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Nilan
Address	251 Mad. Ave.
Remarks	Triplets.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8+32

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 18th 1875
4. Place of Birth (Street and Number)	Chester St (Extended) North of Washington Av
5. Full Name of Mother	Martha Wagner
6. Mother's Maiden Name	Martha Bailey
7. Mother's Birthplace	Baltimore County. Md.
8. Full Name of Father	Francis Wagner
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bartlett M D
Address	1K O Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8.133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 18th 1875
4. Place of Birth (Street and Number)	No 39 Bank str
5. Full Name of Mother	Anna B Ochs
6. Mother's Maiden Name	" " Eversleins
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Ochs
9. Father's Occupation	Segar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

51311

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One Child Last one
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 28th 1875
4. Place of Birth (Street and Number)	No 335 East Chase St.
5. Full Name of Mother	Sarah Ellen Hauck
6. Mother's Maiden Name	Mary Hamilton
7. Mother's Birthplace	Balt... 1844
8. Full Name of Father	Lewis Frank Hauck
9. Father's Occupation	Shoe Dealer
10. Father's Birthplace	B. C... 1841
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dorothea Pfaff Midwife
Address	No 11 Somerset Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 13. 1875
4. *Place of Birth (Street and Number)* No 130 Front st
5. *Full Name of Mother* Julia Williams
6. *Mother's Maiden Name* Julia Brock
7. *Mother's Birthplace* England
8. *Full Name of Father* John Williams
9. *Father's Occupation* Laboring
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ema Pillguist

Address No 152 Monument st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 12 1895
4. *Place of Birth (Street and Number)* No 150 Gay St
5. *Full Name of Mother* Minna Leidig
6. *Mother's Maiden Name* Minna Lenk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Leidig
9. *Father's Occupation* Music store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lina H. Myers

Address 142 Monument St

Remarks

8137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dezember 18th 1875
4. *Place of Birth* (Street and Number) Hampstead St. No 62
5. *Full Name of Mother* Lizzie Lehmann
6. *Mother's Maiden Name* Lizzie Schuck
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jonas Lehmann
9. *Father's Occupation* Fire man
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St., No 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 18th 1875
4. Place of Birth (Street and Number)	No 139 Duncan Alley
5. Full Name of Mother	Mrs B Baillar
6. Mother's Maiden Name	Mrs B Fisher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Baillar
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Fry
Address	193 South Charles St
Remarks	Healthy Child.

8739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Famale
2. Race or Color (if not of the white race)	Whith
3. Date of Birth	December the 18" 1875
4. Place of Birth (Street and Number)	33 Ridgely Street
5. Full Name of Mother	Maria Fischer
6. Mother's Maiden Name	" " Andre
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Fischer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Münch
Address	74 Leadenhall St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8140.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Boy

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 18. December

4. *Place of Birth (Street and Number)* 8. Paint Lane.

5. *Full Name of Mother* Marie Pozar

6. *Mother's Maiden Name* " Kinka

7. *Mother's Birthplace* Bozotic. Bohemia.

8. *Full Name of Father* Josef Pozar

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Maine.

Name of Medical Attendant, or other Person who makes this Return. Jos. Conrad

Address No 20. Barnet St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 18th
4. Place of Birth (Street and Number)	Columbia Sheet 90
5. Full Name of Mother	Rosa Hammerstough
6. Mother's Maiden Name	Rosa Bamberger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isidore Hammerstough
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address	88 N Eutaw Street
Remarks	

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

81111

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8 1142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 18th 1875
4. Place of Birth (Street and Number)	65 Johnson st.
5. Full Name of Mother	Dora Plitt
6. Mother's Maiden Name	Lembert
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Plitt
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaber midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

81143

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth ~~48 Gem Hilton St~~ Dec 18th 1874

4. Place of Birth (Street and Number) 48 Gem Hilton St

5. Full Name of Mother Kate Keys

6. Mother's Maiden Name " Jacco

7. Mother's Birthplace Dorchester County

8. Full Name of Father John Keys

9. Father's Occupation Public Waiter

10. Father's Birthplace Westmoreland

Name of Medical Attendant, or other Person who makes this Return. R. B. Williams

Address 201 Madison Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8111 11

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	First
(state whether Male or Female)	Female
e or Color (if not of the white race)	White
e of Birth	Dec 18th 1875
ce of Birth (Street and Number)	252 N Carey St Balt
Name of Mother	Fannie Heim
her's Maiden Name	Fannie Bay
her's Birthplace	Baltimore
Name of Father	William G Heim
her's Occupation	Merchant
her's Birthplace	Harpers Ferry Va
me of Medical Attendant, or other Person who makes this Return.	W. T. Howard, M.D.
dress	181 Madison Avenue.
marks	Natural labor, 4 hours in action.

81145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	18th December 1875
4. Place of Birth (Street and Number)	88 Virginia St.
5. Full Name of Mother	Mary Kahl
6. Mother's Maiden Name	Mott
7. Mother's Birthplace	U. States
8. Full Name of Father	Henry Kahl
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	57 E. Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	18th December 1875
4. Place of Birth (Street and Number)	65 Penn St.
5. Full Name of Mother	Kate Parry
6. Mother's Maiden Name	Burns
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Parry
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 526 Lombard St.	
Remarks	

HEALTH DEPARTMENT DEC 20 1875 OFFICE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 5 1870 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18 1869
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* Anna Gaudet
6. *Mother's Maiden Name* Anna Wagner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Lustig
9. *Father's Occupation* Luther
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Emma L. Wagner

Address 181 Monument St

Remarks

8118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 18th 1875
4. *Place of Birth* (Street and Number) N 121 N Howard St
5. *Full Name of Mother* Maria Delphenie Emery
6. *Mother's Maiden Name* Maria Delphenie Mennesson
7. *Mother's Birthplace* Laon Department of L'Aisne France
8. *Full Name of Father* Alfred J. B. Emery
9. *Father's Occupation* Editor
10. *Father's Birthplace* Paris. France

Name of Medical Attendant, or other Person who makes this Return. F. E Chatard M.D.

Address N 114 Park Avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of, Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 19 1875
4. Place of Birth (Street and Number)	20 N. Wadsworth St
5. Full Name of Mother	Mathilda M Miller
6. Mother's Maiden Name	Logan
7. Mother's Birthplace	North East Cecil Co Md
8. Full Name of Father	Edward F Miller
9. Father's Occupation	Brick layer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W. G. Rieman M.D.
Address	29 Wadsworth St
Remarks	

8159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2? 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 19. 1875
4. Place of Birth (Street and Number)	301 E. Pratt St.
5. Full Name of Mother	Emma V. Carr
6. Mother's Maiden Name	Emma V. Shaw.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Henry Carr.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell.
Address	72 E. Pratt St.
Remarks	Child's physical condition good.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8151

DEPT. OF HEALTH
DEC 21 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* December 15th 1875
4. *Place of Birth* (Street and Number) N. Dallas St No, 16
5. *Full Name of Mother* Louise Williams
6. *Mother's Maiden Name* Louise Williams
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation* None
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

8152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 17th 1875

4. Place of Birth (Street and Number) 15 S. Sharp St.

5. Full Name of Mother Margaretha Corrigan

6. Mother's Maiden Name " " Coyle

7. Mother's Birthplace Baltimore

8. Full Name of Father Francis Matthew Corrigan

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 16 19
4. *Place of Birth (Street and Number)* 46 Canton Ave
5. *Full Name of Mother* Laura V. London
6. *Mother's Maiden Name* Di Tehord
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Isaac Jones London
9. *Father's Occupation* Car maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harrington

Address 61 Park St Canton

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8154
over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child Frederick Raw

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 19th 1875

4. Place of Birth (Street and Number) No 426 Canton Ave

5. Full Name of Mother Augusta Raw

6. Mother's Maiden Name " Bauer

7. Mother's Birthplace Germany

8. Full Name of Father George Raw

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank sts

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

(Still) **RETURN OF A BIRTH.** (Still) 8155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 19 1875
4. Place of Birth (Street and Number)	Gillis Court
5. Full Name of Mother	Henrietta Brown
6. Mother's Maiden Name	nee Hann
7. Mother's Birthplace	Queen Anne Co. Md
8. Full Name of Father	Alex Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Kent Co. Md
Name of Medical Attendant, or other Person who makes this Return.	J E. Atkinson
Address	209 W. Biddle St
Remarks	Placenta previa — supposed to be about full term — Mother died in 2 hours of syncope

rect Record of Vital Statistics in the City of Baltimore.

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8156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 19th
4. *Place of Birth (Street and Number)* 125 Hillen St
5. *Full Name of Mother* Margaret Hanly
6. *Mother's Maiden Name* " Gaiety
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Hanley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 129 E Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 19th 1894
4. *Place of Birth* (Street and Number) 10 S. Addison St
5. *Full Name of Mother* Mary Norman
6. *Mother's Maiden Name* Mary Callaghan
7. *Mother's Birthplace* England
8. *Full Name of Father* John Norman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Emma L. Wiegand

Address 182 Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male child 1st Th one.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 19. 1875

4. Place of Birth (Street and Number) Spring Street - No 93

5. Full Name of Mother Harriet - Stanley

6. Mother's Maiden Name Harriet - Gaines

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father Moses E. Stanley

9. Father's Occupation White - washer

10. Father's Birthplace Cambridge. Md.

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasgo

Address No. eleven St extending

Remarks Imperfect State of health

8159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 19th 1875
4. Place of Birth (Street and Number)	223 Hanover Street
5. Full Name of Mother	Maria Wiette
6. Mother's Maiden Name	" " Kuposke
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Wiette
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Münch
Address	74 Leadenhall Street
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

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8160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
376
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 19 December
4. *Place of Birth (Street and Number)* 25 Chappel Str
5. *Full Name of Mother* Franciska Nicel.
6. *Mother's Maiden Name* " " Conrad
7. *Mother's Birthplace* Pacir Bohemia.
8. *Full Name of Father* Franc Nicel.
9. *Father's Occupation* Schoemacer.
10. *Father's Birthplace* Alechnow Bohemia.

Name of Medical Attendant, or other Person who makes this Return. Jos. Conrad

Address No 20 Barnet Str

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE
DEC
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* N.
3. *Date of Birth* December 19th 1875
4. *Place of Birth (Street and Number)* 108 Winsor St
5. *Full Name of Mother* Mary Brown
6. *Mother's Maiden Name* Winkam
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Henry Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Laura Riley

Address No 12 Peterson Park avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th December 1875
4. Place of Birth (Street and Number)	213 Lee st
5. Full Name of Mother	Sarah Baily
6. Mother's Maiden Name	Sarah Webster
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. T. Baily
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. N. Webster & Co
Address	57 Barre st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8163.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 19 75
4. Place of Birth (Street and Number)	Marsh Kirk of 62
5. Full Name of Mother	Marie Fuincy Lynch
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	Ireland
8. Full Name of Father	David Workman
9. Father's Occupation	Ireland
10. Father's Birthplace	Cecilie Bernstein
Name of Medical Attendant, or other Person who makes this Return.	E. Lombardo M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

81611

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Birth (6th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th December 1875
4. Place of Birth (Street and Number)	No 63 Jefferson Street
5. Full Name of Mother	Harriett E Henry
6. Mother's Maiden Name	" " Brantan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Henry
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Chin Attwell
Address	Removed to 286 N. Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address 1015 N. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th December 1875
4. Place of Birth (Street and Number)	5 Caroline St.
5. Full Name of Mother	Mary Foran
6. Mother's Maiden Name	Lumber
7. Mother's Birthplace	U. States
8. Full Name of Father	John Foran
9. Father's Occupation	Hack driver
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 C. Lombard St	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* December 19 1875
4. *Place of Birth (Street and Number)* 411 Saratoga Street
5. *Full Name of Mother* Mary E. Nelson
6. *Mother's Maiden Name* Mary E. Berryman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Nelson a Bailey
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Book & Doctress

Address 85 Orchard Street

Remarks

8168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 19 of January
4. *Place of Birth* (Street and Number) Kerngut St No 232.
5. *Full Name of Mother* Lisa Libon
6. *Mother's Maiden Name* Lisa Kirchstein
7. *Mother's Birthplace* Luxemburg in Wolkringen in Lux
8. *Full Name of Father* Michel Libon
9. *Father's Occupation* Gastwirth Inn Schenkwirth
10. *Father's Birthplace* Eyderter in Wiwerbuberg Luxemburg

Name of Medical Attendant, or other Person who makes this Return. Wolbergen Keller

Address Sticking St No 165.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for failure to make Return of Births in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5169.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 20. 1875
4. Place of Birth (Street and Number)	#287 N. Caroline St
5. Full Name of Mother	Margaret Ann Morrison
6. Mother's Maiden Name	" " Pegeater
7. Mother's Birthplace	Balto City
8. Full Name of Father	George Morrison
9. Father's Occupation	Clergyman & Editor
10. Father's Birthplace	Balto County
Name of Medical Attendant, or other Person who makes this Return.	A Hartman M.D.
Address	305 N Caroline St.
Remarks	

8170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 1
1. *Sex* (state whether Male or Female)	female 1
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	20th December 1895
4. *Place of Birth* (Street and Number)	190 Central Ave
5. *Full Name of Mother*	Anna Nolan
6. *Mother's Maiden Name*	Burns
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Bzl. Nolan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 Lombard St.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 December
4. Place of Birth (Street and Number)	No 20 Conway Street
5. Full Name of Mother	Anna Rebecka Locke
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hugo Locke
9. Father's Occupation	Farman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 26/72

4. Place of Birth (Street and Number) No 0640 W. Lombard St

5. Full Name of Mother Ellen O'Connor

6. Mother's Maiden Name Ellen Bowen

7. Mother's Birthplace Ireland

8. Full Name of Father Jno Thos. O'Connor

9. Father's Occupation Moulder

10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer M.D

Address 374 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

8173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4ter Child

1. *Sex* (state whether ~~Male or Female~~) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 20th 1875
4. *Place of Birth* (Street and Number) E. Lombard St. No, 340.
5. *Full Name of Mother* Margaretha Gundloe
6. *Mother's Maiden Name* Margaretha Hübner
7. *Mother's Birthplace* Bermuthshain Gr. Hessen Germany
8. *Full Name of Father* Eduard Gundloe
9. *Father's Occupation* Painter
10. *Father's Birthplace* Kreuznach Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No, 26.

Remarks dead born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

Rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8171

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 20 of Dec 1875

4. Place of Birth (Street and Number) Balt No 14 Josephine St

5. Full Name of Mother Elen Johnson

6. Mother's Maiden Name Thomas

7. Mother's Birthplace Baltimore

8. Full Name of Father James Johnson

9. Father's Occupation Oyster Shucker

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

8175

HEALTH DEPARTMENT
DEC
30.
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 20th 1875.
4. Place of Birth (Street and Number)	73. Portland Street.
5. Full Name of Mother	mary meintz
6. Mother's Maiden Name	M. Stein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Meintz
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Record of Vital Statistics of the City of Baltimore.

8176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEP
DEC
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 20th 1895
4. Place of Birth (Street and Number)	Bolton alley 3rd House from Biddle
5. Full Name of Mother	~~Patrick~~ Kelly
6. Mother's Maiden Name	Sarah Brown
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. L. Bonnie M.D.
Address	No 4 McCulloch St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)	Third
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	American
3. Date of Birth	December 20th 1875
4. Place of Birth (Street and Number)	No 413 East Fayette st
5. Full Name of Mother	Emma Jane Doon
6. Mother's Maiden Name	Emma Jane Gray
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Samuel Doon
9. Father's Occupation	Junk dealer
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M. D
Address	No 18 Jackson Square,
Remarks	

DEC

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect Record of Vital Statistics in the City of Baltimore.

8178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 20th of Dec
4. *Place of Birth* (Street and Number) 136 Chapel St
5. *Full Name of Mother* Eliza Johnson
6. *Mother's Maiden Name* Eliza Murry
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Father Johnson
9. *Father's Occupation* Oyster Shucker and brick makers
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wallford Midwife

Address 130 Register near Jeffer St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

81:79

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	20 December
4. Place of Birth (Street and Number)	Fabius Street 264
5. Full Name of Mother	Mary Jane Taylor
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	
9. Father's Occupation	Laborer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	P. Calvert Warren
Address	22 S Fabius
Remarks	

RETURN OF A BIRTH.

5150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race)

3. Date of Birth Dec 20th 1875

4. Place of Birth (Street and Number) 146 N Caster St

5. Full Name of Mother Matilda E. Post

6. Mother's Maiden Name Matilda Enright

7. Mother's Birthplace Balto Md

8. Full Name of Father Jno E. Post

9. Father's Occupation R. R. Conductor

10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Charles M. Matthews

Address 814 E Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race)

3. Date of Birth Dec 20th 1895

4. Place of Birth (Street and Number) 29 Bolton St

5. Full Name of Mother Margaret M Payne

6. Mother's Maiden Name Margaret Musgrave

7. Mother's Birthplace Mayard Co Md

8. Full Name of Father Richard Payne

9. Father's Occupation Telegraph Lineman

10. Father's Birthplace Aurora Co Md

Name of Medical Attendant, or other Person who makes this Return. Chas. M. Northrup

Address No 29 East Bolton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OF BALTIMORE DEC 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	tenth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th of December
4. Place of Birth (Street and Number)	362 Hasam street
5. Full Name of Mother	Lena Marshe
6. Mother's Maiden Name	Lena Link
7. Mother's Birthplace	Germina
8. Full Name of Father	Adam Marshe
9. Father's Occupation	Tailor
10. Father's Birthplace	Germina
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avenue
Remarks	Work to be dead some time

RETURN OF A BIRTH.

815.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 29th 1875
4. Place of Birth (Street and Number)	84 Hanover St
5. Full Name of Mother	Virginia Ellen Daughty
6. Mother's Maiden Name	Virginia Ellen Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Edward Daughty
9. Father's Occupation	Salesman
10. Father's Birthplace	Northampton Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	Jr A. Gillies M.D.
Address	No 23. Green St
Remarks	Mother Suffered severe pains in labor of Blood, Child very large 13 lbs weight

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

81851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 20th 75

4. *Place of Birth* (Street and Number) 89 Warner St.

5. *Full Name of Mother* Mary Carroll.

6. *Mother's Maiden Name* Walker

7. *Mother's Birthplace* New York

8. *Full Name of Father* Patrick Carroll

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Rock

Address 132 South Eutaw St. Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Dec 2d 1878
4. *Place of Birth (Street and Number)* 80 Dover St
5. *Full Name of Mother* Debora Steel
6. *Mother's Maiden Name* Debora Lee
7. *Mother's Birthplace* Md
8. *Full Name of Father* George Steel
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. H. Hubert Biedler

Address University Hospital Lomb & Greene sts City

Remarks

Fees Received by Vital Statistics Office.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* December 21 1875
4. *Place of Birth* (Street and Number) No. 11 Johns Alley
5. *Full Name of Mother* Anne Nickelson
6. *Mother's Maiden Name* Anne Wallis
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Benjeman Nickelson
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctress

Address no 85 Orchard Street

Remarks

8157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 21 1875
4. *Place of Birth (Street and Number)* No. 61 Davis Street
5. *Full Name of Mother* Elizabeth Smith
6. *Mother's Maiden Name* Elizabeth Pullett
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George H. Smith
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Hester Bagley - Doctress

Address No 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 21st 1875
4. Place of Birth (Street and Number)	29 & 31 Myrtle Ave
5. Full Name of Mother	Amanda Catherine Miller
6. Mother's Maiden Name	Amanda Catterine Annan
7. Mother's Birthplace	Emmittsburg Fredrick County Md.
8. Full Name of Father	Walter B. Miller
9. Father's Occupation	Newsdealer
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	Magdalene Pennsylvania
Address	Druid Hill Ave 22
Remarks	Ja Jund

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

8189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	white
3. Date of Birth	21. December. 1875.
4. Place of Birth (Street and Number)	No. 362 Light St.
5. Full Name of Mother	M. Corcan.
6. Mother's Maiden Name	Margaret Carven.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John Carcan
9. Father's Occupation	Boiler maker
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner
Address	No 29 Elizabeth San.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8190

GIVEN NAME ADDED 2-24-33

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: William ~~Henry~~ Lambert

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d of December 1875
4. Place of Birth (Street and Number)	Baltimore M. D. Block St 77
5. Full Name of Mother	Mrs Kate Lambert
6. Mother's Maiden Name	Miss Kate Fitz Patrick
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Lambert
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brundell.
Address	At 208 South Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 21st Dec. 75
4. *Place of Birth (Street and Number)* No 312 N Howard st
5. *Full Name of Mother* Elizabeth A. Root
6. *Mother's Maiden Name* " " Blizzard
7. *Mother's Birthplace* md
8. *Full Name of Father* Chas F. Root
9. *Father's Occupation* confectioner
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 W Biddle st

Remarks

8192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 Hanstead St
4. *Place of Birth (Street and Number)* 21st Nearer
5. *Full Name of Mother* Mary Hildebrandt
6. *Mother's Maiden Name* Keller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas Hildebrandt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cafer

Address 526 E. Lombard St.

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8193

HEALTH DEPARTMENT
OCT
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 21st 1875.

4. Place of Birth (Street and Number) Corner Charles & Chase

5. Full Name of Mother Mary Mc Comas

6. Mother's Maiden Name Mary Parker

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Clay Mc Comas

9. Father's Occupation Mechanic

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Mumford M.D.

Address 107 St Paul St

Remarks

RETURN OF A BIRTH.

8-1911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1875
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	3rd,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White,
3. Date of Birth	December 21. 1875;
4. Place of Birth (Street and Number)	23 - ~~Alley~~ Pleasant St.
5. Full Name of Mother	Ann Butler
6. Mother's Maiden Name	Ann Ryan.
7. Mother's Birthplace	Irland.
8. Full Name of Father	Mich^l Butler,
9. Father's Occupation	Leather dresser.
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	J. M. Sullivan. M.D.
Address	116 Thames St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 21st December 1875
4. *Place of Birth (Street and Number)* 9 Lough St
5. *Full Name of Mother* Betty Lougland
6. *Mother's Maiden Name* " Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Maulland
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 526 Lombard St.

Remarks

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	21st Dec. 1875
4. Place of Birth (Street and Number)	164 Hayward
5. Full Name of Mother	Margaret Garrett
6. Mother's Maiden Name	Margaret Howard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Myer Garrett
9. Father's Occupation	Merchant
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster
Address	57 Barnet
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored (mulatto)
3. Date of Birth	Dec. 21st 95
4. Place of Birth (Street and Number)	Hamburg st- 2 doors east of Hanover st-
5. Full Name of Mother	Lizzie Jackson
6. Mother's Maiden Name	Lizzie Sorrell
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thomas Jackson
9. Father's Occupation	Oyster shucker
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	Emily Robinson
Address	Peach Alley near Hamburg st-
Remarks	

advise at the birth of any child, within the City of Balti
within six days thereafter, stating distinctly the date of b
born, its or their physical condition, whether still born or
of the parents, and the maiden name of the mother of suc

8195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Dec 21. 75

4. *Place of Birth* (Street and Number) 236 Pitcher Str

5. *Full Name of Mother* Mary Hayton Peterson

6. *Mother's Maiden Name* Mary Taylor

7. *Mother's Birthplace* Essex Co. Va.

8. *Full Name of Father* Edward Peterson

9. *Father's Occupation* Ship maker

10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. R. W. Hutton M.D

Address 1243 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 21st 1875
4. Place of Birth (Street and Number)	47 E Pratt Street
5. Full Name of Mother	Magie Schreiber
6. Mother's Maiden Name	" " Schroeder
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Joseph Schreiber
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5201

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 11. [illegible]
4. *Place of Birth* (Street and Number) Aisquith St No 280
5. *Full Name of Mother* Annie Krein
6. *Mother's Maiden Name* Annie Zuber
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Francis Krein
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wolfgang Müller

Address Sterling St Eto 165.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	South (4th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 21 '75
4. Place of Birth (Street and Number)	# 51 Washington Pl
5. Full Name of Mother	Elizabeth Rebecca Fralick
6. Mother's Maiden Name	Elizabeth Rebecca Hilmot
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Leonard Fralick
9. Father's Occupation	machinist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Alice Anna St
Remarks	

8202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* December 21st 1875
4. *Place of Birth* (Street and Number) 140 S. Howard St.
5. *Full Name of Mother* Frances A. Williams.
6. *Mother's Maiden Name* Frances A. Porter.
7. *Mother's Birthplace* Frederick co. Md.
8. *Full Name of Father* John H. Williams
9. *Father's Occupation* White Washer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 21st 1895
4. *Place of Birth (Street and Number)* 65 Druid hill ave Baltimore Md
5. *Full Name of Mother* Mary Aidt
6. *Mother's Maiden Name* Mary Nail
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Aidt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Merenzeh

Address 214 Preston st

Remarks Sick

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 21st 1875
4. *Place of Birth* (Street and Number) 214 Preston st Baltimore
5. *Full Name of Mother* Maggie Stumpf
6. *Mother's Maiden Name* Maggie Kane
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Stumpf
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Berenzetz

Address 214 Preston st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
20
BALTIMORE

No. of Child of Mother (state whether 1st, [redacted], &c.)	First
1. Sex (state whether Male or [redacted])	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 21st 1875.
4. Place of Birth (Street and Number)	No 96 Thames St
5. Full Name of Mother	Elizabeth Williams
6. Mother's Maiden Name	Elizabeth Smith
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Frederick Williams
9. Father's Occupation	Laborer
10. Father's Birthplace	Norway
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans. M. D.
Address	No 18 Jackson Square
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Dec. 21 st 1875
4. *Place of Birth* (Street and Number) 227 Eastern Ave
5. *Full Name of Mother* Kate Ulzl
6. *Mother's Maiden Name* " Schmidt
7. *Mother's Birthplace* City
8. *Full Name of Father* John Ulzl
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank st

Remarks

RETURN OF A BIRTH.

8.207

JAN 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 21st 1875
4. Place of Birth (Street and Number)	25 Little Lee Eldery pt
5. Full Name of Mother	Ettie Fay
6. Mother's Maiden Name	Ettie Cullen
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Geo Fay
9. Father's Occupation	Fisherman &c
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cattell M D
Address	1½ S Exeter St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8208

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Dec. 21st 1875.
4. Place of Birth (Street and Number)	89 Johnson st.
5. Full Name of Mother	Margaret
6. Mother's Maiden Name	Ebbaugh
7. Mother's Birthplace	Penna
8. Full Name of Father	Talbot Low
9. Father's Occupation	Builder
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. L. Reynolds M.D.
Address	186 Aisquith st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8209

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 21 1875

4. Place of Birth (Street and Number) 9 Bennett Str. Canton

5. Full Name of Mother Martha Wolfendale

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father John Wolfendale

9. Father's Occupation

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Edward Miller

Address 143 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8210

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11e 2d

1. *Sex* (state whether Male or Female) Male healthe

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* Decem 21 st of ~~September~~ 1875 Decemb

4. *Place of Birth* (Street and Number) No 25 Fayette St. Balt.

5. *Full Name of Mother* Louis Dolzmann

6. *Mother's Maiden Name* L Mayer

7. *Mother's Birthplace* born in Germany Hannover

8. *Full Name of Father* Edward Dolzmann

9. *Father's Occupation* Laborer

10. *Father's Birthplace* born in Germany Hannover

Name of Medical Attendant, or other Person who makes this Return. Lizzi Hellar

Address 57 Small wood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1875
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 21. 75
4. *Place of Birth (Street and Number)* 217 Sterling St
5. *Full Name of Mother* Emma Dixon
6. *Mother's Maiden Name* Flynn triangle
7. *Mother's Birthplace* Eastern shore Virginia
8. *Full Name of Father* Levy Dixon in Penitentiary house
9. *Father's Occupation*
10. *Father's Birthplace* Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford Midwife

Address 130 Register St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		4	Child		
1. Sex (state whether Male or Female)		Male			
2. Race or Color (if not of the white race)		Colored			
3. Date of Birth	the 21	December	1875		
4. Place of Birth (Street and Number)	No	129	Chesnut	Street	
5. Full Name of Mother	Ella	Nancy	ann	Sampson	
6. Mother's Maiden Name	Nancy	Ann	Jackson		
7. Mother's Birthplace	Baltimore				
8. Full Name of Father	Emmy	Jackson			
9. Father's Occupation	Oyster	Shucker			
10. Father's Birthplace	Centerville	Queen	Anne	Co	Md
Name of Medical Attendant, or other Person who makes this Return.		Private	Physician		
Address	No 129	Chesnut			
Remarks	Mother	not	doing	Well	

8273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPT. OF HEALTH
DEC 28 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* December 21st 1875

4. *Place of Birth (Street and Number)* No 30 Edmondson Ave

5. *Full Name of Mother* Caroline Terry Kettle

6. *Mother's Maiden Name* " " Richardson

7. *Mother's Birthplace* Maidstone - Kent County - England

8. *Full Name of Father* James Kettle

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Maidstone - Kent County - England

Name of Medical Attendant, or other Person who makes this Return. P. Gibbons M.D.

Address 47 Edmondson Avenue

Remarks Very Fine boy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

82111

HEALTH DEPARTMENT
DEC
28
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Baltimore H 2 Lincoln Ave

1. Sex (*state whether Male or Female*) Male Colored

2. Race or Color (*if not of the white race*) Dec 9th 1875

3. Date of Birth Sept 28th 76

4. Place of Birth (*Street and Number*) Mary Frances Roberts Chestnut Ave

5. Full Name of Mother Mrs Mary Frances Foster

6. Mother's Maiden Name

7. Mother's Birthplace Balt Md

8. Full Name of Father William Foster

9 Father's Occupation Waiter

10. Father's Birthplace Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Frances Foster

Address 42 Lafayette Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 21st 75
4. *Place of Birth (Street and Number)* 119. Short St.
5. *Full Name of Mother* Maggie Clifford
6. *Mother's Maiden Name* Celbach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Clifford
9. *Father's Occupation* Sergeant of Police Southern District
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Korth

Address 328 South Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 22
4. Place of Birth (Street and Number)	Cary & Pattison Sts.
5. Full Name of Mother	Sallie Lipscomb
6. Mother's Maiden Name	Sallie Ricketts
7. Mother's Birthplace	Balt.
8. Full Name of Father	John S. Lipscomb
9. Father's Occupation	Clerk
10. Father's Birthplace	Cumberland Md.
Name of Medical Attendant, or other Person who makes this Return.	J. M. Nelson
Address	251 Mad. Ave.
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* December 11. 1853
4. *Place of Birth* (*Street and Number*) No. 97 Seymour St
5. *Full Name of Mother* Augusta Silbergahn
6. *Mother's Maiden Name* Augusta Fischer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. George Silbergahn
9. *Father's Occupation* Lather Mason
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Jona Kellogg

Address No 152 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8218

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
6
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	Born December 22 1875
4. Place of Birth (Street and Number)	No 96 Chestnut Street
5. Full Name of Mother	×
6. Mother's Maiden Name	Elizabeth Lonyed
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	
9. Father's Occupation	×
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Hannah Jackson
Address	No 97 Chestnut Street
Remarks	Hannah Jackson No 97 Chestnut Street

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th.
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	December 22th 1875.
4. Place of Birth (Street and Number)	No 114 Lee's St.
5. Full Name of Mother	Elenore Henwood Krause.
6. Mother's Maiden Name	Elenore Handle.
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	William Henry Krause.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy St.
Remarks	non.

8229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 22d 1875 1 Oclock A.M.
4. *Place of Birth (Street and Number)* N° White Alley
5. *Full Name of Mother* Cecilia Agnes Wolf
6. *Mother's Maiden Name* Cecilia Agnes Klein
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Hartman Edward Wolf
9. *Father's Occupation* Painter
10. *Father's Birthplace* Leipsic Saxony

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunker

Address N° 60 Schroeder Street

Remarks

Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 22nd 95
4. Place of Birth (Street and Number)	232 Constitution St.
5. Full Name of Mother	Mary Holmes
6. Mother's Maiden Name	" Redman
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Robt. Holmes.
9. Father's Occupation	Britannia Metal Smith
10. Father's Birthplace	Sheffield England
Name of Medical Attendant, or other Person who makes this Return.	Jno Brooke Boyle M. D.
Address	174 E. Eager St
Remarks	

RETURN OF A BIRTH.

8222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 22nd 1874
4. Place of Birth (Street and Number)	320 Hollins St.
5. Full Name of Mother	Annie Johnson
6. Mother's Maiden Name	Annie Mayfield
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Dr. C. Johnson
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Miltenberger
Address	121 W. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5223

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) a Female.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 22nd of December.
4. Place of Birth (Street and Number) No 32 Walsh Street.
5. Full Name of Mother Kunigunda Sharer.
6. Mother's Maiden Name Kunigunda Arnold.
7. Mother's Birthplace born in Germany.
8. Full Name of Father Andrew Sharer.
9. Father's Occupation a Carpenter.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Heinrich Adam Sharer Signature

Address No 4 Union Street.

Remarks

RETURN OF A BIRTH.

52.2.11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December ths 22th 1875
4. Place of Birth (Street and Number)	No 142 Durham Street
5. Full Name of Mother	Laïpoldé Dorsin
6. Mother's Maiden Name	" " " Burk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Dorsin
9. Father's Occupation	Shipjoiner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8225

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	22 December 1875
4. Place of Birth (Street and Number)	N° 55 Stricker St Balto
5. Full Name of Mother	Elizabeth Bryce
6. Mother's Maiden Name	" Rowe
7. Mother's Birthplace	Balto md
8. Full Name of Father	Wm H H Bryce
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto md
Name of Medical Attendant, or other Person who makes this Return.	J H Pattison M D
Address	28 Franklin St Balto
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5226

HEALTH DEPT. JAN 14 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 22nd
4. Place of Birth (Street and Number)	297 S Eutaw
5. Full Name of Mother	Sarah Tarpin
6. Mother's Maiden Name	Bates
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Chaney
9. Father's Occupation	Coal Driver
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	L. C. Burch M.D.
Address	141 Hanover St
Remarks	

8227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 22. 75.
4. Place of Birth (Street and Number)	Harrison Str. 61.
5. Full Name of Mother	Sarah Rosenthal Silberman
6. Mother's Maiden Name	
7. Mother's Birthplace	Russland
8. Full Name of Father	Abraham Rosenthal
9. Father's Occupation	Tailor
10. Father's Birthplace	Russland
Name of Medical Attendant, or other Person who makes this Return.	Cäcilie Rennstein
Address	E. Lombard Str. 113.
Remarks	

8225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3: Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Dec.r 22.d 1875.
4. Place of Birth (Street and Number)	12 Bank St.
5. Full Name of Mother	Rose Bohager.
6. Mother's Maiden Name	Rose McAdam.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Sam.l F. Bohager.
9. Father's Occupation	Junk Dealer.
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Jn.o F. Powell. M. D.
Address	72 E. Pratt St.
Remarks	Child Healthy and Vigerous.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec: 22: 1875.
4. Place of Birth (Street and Number)	29 N. Exeter St.
5. Full Name of Mother	Mary E. Harcourt.
6. Mother's Maiden Name	Mary E. Betts.
7. Mother's Birthplace	Norfolk Va.
8. Full Name of Father	Wm Harcourt.
9. Father's Occupation	Clerk in Balt. P. Office.
10. Father's Birthplace	Staten Island N. Y.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M. D.
Address	72 E. Pratt St.
Remarks	Child, Healthy and Vigorous.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Light Brown Skine.
3. *Date of Birth* December 22. 1875. Wednesday. Morning.
4. *Place of Birth (Street and Number)* Welcome Alley. No 139. Balto
5. *Full Name of Mother* ~~Augustino Holley.~~ Charlotte Johnson
6. *Mother's Maiden Name* Charlotte Johnson.
7. *Mother's Birthplace* Dingly Del, Somerset County. Md.
8. *Full Name of Father* Augustino Holley.
9. *Father's Occupation* Pubic Waiter.
10. *Father's Birthplace* ~~St~~ Mary's County. Md.

Name of Medical Attendant, or other Person who makes this Return. Granny. Rosetter Galloway.

Address ~~No 139 146~~ No 146 Lee St. Balto. Md.

Remarks Live Birth or Born

RETURN OF A BIRTH.

8 2.31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 22nd
4. Place of Birth (Street and Number)	20 Jew Alley (Ost Penn)
5. Full Name of Mother	Alice McElhaney
6. Mother's Maiden Name	McGarvin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Celia McElhaney
9. Father's Occupation	Porter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula P. Schriemer
Address	129 E Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 22nd 1875
4. *Place of Birth* (Street and Number) 47 George st Baltimore
5. *Full Name of Mother* Anna Wurst
6. *Mother's Maiden Name* Anna Wurst
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lohn Wurst
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Rosenzeig

Address 214 Preston st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* January 22 1895
4. *Place of Birth (Street and Number)* Central avenue # 34
5. *Full Name of Mother* Annie Schmidt
6. *Mother's Maiden Name* " Krause
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Jacob Schmidt
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Hanover Germ.

* *Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Mertz

Address 48 Holland St Baltimore City

Remarks

JAN 8 1895 BALTIMORE MD

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ity or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 22nd 1875
4. Place of Birth (Street and Number)	No 10 No Chappel sts
5. Full Name of Mother	Maria Fisher
6. Mother's Maiden Name	Maria Ulrich
7. Mother's Birthplace	City
8. Full Name of Father	John Fisher
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bodenmann
Address	120 Bank st
Remarks	

8235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 22
4. *Place of Birth (Street and Number)* 340 Eastern Ave
5. *Full Name of Mother* Anna Rennikes
6. *Mother's Maiden Name* Anna Hastings
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Rennikes
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Wiseman

Address No 289 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 2.36

HEALTH DEPARTMENT JAN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* December 22
4. *Place of Birth* (Street and Number) 247 Canton Av
5. *Full Name of Mother* Auguste Drager
6. *Mother's Maiden Name* " Pickelberg
7. *Mother's Birthplace* New York
8. *Full Name of Father* William Drager
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 280 S. Ford St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 2.37

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 22nd 1875
4. Place of Birth (Street and Number)	Baltimore. Md. York Street - No. 102
5. Full Name of Mother	Maggie Riley
6. Mother's Maiden Name	Maggie Scarborough
7. Mother's Birthplace	Accomac. County Va
8. Full Name of Father	Peter Riley
9. Father's Occupation	Police officer
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 202 S. Charles Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52.35

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) child 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White 11 15

3. Date of Birth December

4. Place of Birth (Street and Number) 141 Chestnut St

5. Full Name of Mother Dorotha Smith

6. Mother's Maiden Name Dorotha Doren

7. Mother's Birthplace Born in Baltimore Md

8. Full Name of Father Michael F Smith

9. Father's Occupation lumber

10. Father's Birthplace Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Gray

Address Chestnut St 193

Remarks Healthy child

2

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 22 of December.
4. *Place of Birth* (Street and Number) No 173. Lexington Street.
5. *Full Name of Mother* Louisa Raign.
6. *Mother's Maiden Name* Louisa Kerngot.
7. *Mother's Birthplace* born in Gerneny.
8. *Full Name of Father* Jacob Raign.
9. *Father's Occupation* a Shoe-Maker.
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Dr. Mrs Theresa Engelbrecht

Address No 14 Merrin Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52,440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 22nd 1875
4. *Place of Birth (Street and Number)* Comet St. 3 C/ 23
5. *Full Name of Mother* Katharina Gautzane
6. *Mother's Maiden Name* Katharina Schweinmann
7. *Mother's Birthplace* Rommelhausen, Gr. Hessen Germany
8. *Full Name of Father* Adam Gautzan
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Liebenberg Pr. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8241

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 28th 1875
4. *Place of Birth (Street and Number)* 232 W Lombard St
5. *Full Name of Mother* Mary Elibeth Peirson
6. *Mother's Maiden Name* " " Russell
7. *Mother's Birthplace* Danvers Mass.
8. *Full Name of Father* Thomas Bu. Peirson
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 6 Maryland Avenue Pommerfield G. Paul 6 Ward

Remarks Gastric 28

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 23 1875.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	wite
3. Date of Birth	23 Dec
4. Place of Birth (Street and Number)	Marion Street 47
5. Full Name of Mother	Elise Steger
6. Mother's Maiden Name	Elise Kroll
7. Mother's Birthplace	Germane
8. Full Name of Father	Adolph Steger
9. Father's Occupation	Barber
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	1044 Monroe St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 2143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 23d 1875
4. Place of Birth (Street and Number)	255 W. Pratt St
5. Full Name of Mother	Hannah Devine
6. Mother's Maiden Name	Cummings
7. Mother's Birthplace	Ireland
8. Full Name of Father	M. L. Devine
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler
Address	60 Schroeder St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

82444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 December 1875
4. Place of Birth (Street and Number)	Baltimore Stricker st 34
5. Full Name of Mother	Mary Etter Smith
6. Mother's Maiden Name	Mary Etter Spedden
7. Mother's Birthplace	Virginia
8. Full Name of Father	Vinson Spedden
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Fullwood
Address	766 West Pratt Street
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth*
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5215

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

December Thursday 23rd
a Female
Colored
Thursday Dec 23rd
at 8 P M at Home
Willis Brown
She is married
Baltimore M D
Washington Co
Near Army Hill

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 29 1875 BALTIMORE

Name: Emma Turke

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 23rd 1875
4. Place of Birth (Street and Number)	217 Eastern av
5. Full Name of Mother	Elizabeth (Türke) Turke
6. Mother's Maiden Name	" " " (Feuzmann)
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Otto (Türke) Turke
9. Father's Occupation	Sattler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12-17

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 23 December

4. Place of Birth (Street and Number) No 71 Portland Street

5. Full Name of Mother Rebecka Label

6. Mother's Maiden Name Pene

7. Mother's Birthplace Germany

8. Full Name of Father Othar Label

9. Father's Occupation Polstes

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Sophie Ninnon

Address No 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 2115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 23/75
4. Place of Birth (Street and Number)	#67 S. Ann st.
5. Full Name of Mother	Louisa Lizz
6. Mother's Maiden Name	Louisa Bennet
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Lizz
9. Father's Occupation	Laborer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	#23 S. Durham st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 23rd December 1875
4. *Place of Birth (Street and Number)* 149 South Durham St
5. *Full Name of Mother* Sarah Fowles
6. *Mother's Maiden Name* Sarah Fowles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return Mrs Lee Walker

Address 191 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 0 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 23d 75
4. *Place of Birth (Street and Number)* 44 Essex str.
5. *Full Name of Mother* Therese Hoff Fos
6. *Mother's Maiden Name* Therese Hoff
7. *Mother's Birthplace* Danzig (Germany)
8. *Full Name of Father* Charles Fos
9. *Father's Occupation* Painter
10. *Father's Birthplace* Danzig

Name of Medical Attendant, or other Person who makes this Return. Helena Koch

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* December 23rd

4. *Place of Birth (Street and Number)* No 3 Concord st

5. *Full Name of Mother* Margaret Roddy

6. *Mother's Maiden Name* " Mooney

7. *Mother's Birthplace* " Ireland

8. *Full Name of Father* Michael Roddy

9. *Father's Occupation* Policeman

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles Lotunda M.D.

Address 59 Cathedral st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1252

1/1

DEPARTMENT JAN 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 23rd 1875
4. Place of Birth (Street and Number)	No 321 Alice Anna str
5. Full Name of Mother	Christina Kalebi
6. Mother's Maiden Name	" Keen
7. Mother's Birthplace	City
8. Full Name of Father	Marcus Kalebi
9. Father's Occupation	Laborer.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bleshman
Address	129 Bank
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8233
53

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT OF HEALTH DEC 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 23d 1875
4. Place of Birth (Street and Number)	116 S. Washington st.
5. Full Name of Mother	Margaretha Groskopf
6. Mother's Maiden Name	" Mestel
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Valentine Groskopf
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dausch M.D.
Address	27 N. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8. Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 23. of Dezember
4. *Place of Birth* (Street and Number) Fawn. St No 19. 109.
5. *Full Name of Mother* Bridett Conner
6. *Mother's Maiden Name* Bridget Conner
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Daniel Conner
9. *Father's Occupation* Tagelöhner
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wurlbrünger Meier

Address Sterling St No 166.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8255

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 23. of September
4. Place of Birth (Street and Number) Monk. St. 9.
5. Full Name of Mother Margaretha Domezer
6. Mother's Maiden Name Margaretha Lohmann
7. Mother's Birthplace Canstatt b. Stuttgart
8. Full Name of Father Henry Domezer
9. Father's Occupation Tagloehner
10. Father's Birthplace Wirtemberg Unterturkheim

Name of Medical Attendant, or other Person who makes this Return. Wurlbrenger & Miller

Address Sterling St No 165.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8256

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 23rd 1875

4. Place of Birth (Street and Number) # 95 Castle Alley

5. Full Name of Mother Mary Daugherney

6. Mother's Maiden Name Mary Loud

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Daugherney

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 435 Alice Anna St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if born alive or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (8th) Eight

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 23rd 1875
4. *Place of Birth (Street and Number)* 36 Binney St
5. *Full Name of Mother* Ella Ford nee Ella McConnell
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* P Martin Ford
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address 435 Alice Anna St

Remarks

RETURN OF A BIRTH.

8255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. DEC 29 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23 Dec. 1875
4. Place of Birth (Street and Number)	35 E. Fayete St.
5. Full Name of Mother	Anna Elisabetha ~~Hanfert~~ Rau
6. Mother's Maiden Name	" " Manfert
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Rau
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gerhart Miller
Address	151 E Pratt
Remarks	

RETURN OF A BIRTH.

8259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 23rd
4. Place of Birth (Street and Number)	103 Alley's Alley
5. Full Name of Mother	Heaton I. Butler
6. Mother's Maiden Name	" " Wheeler
7. Mother's Birthplace	Virginia
8. Full Name of Father	John L. Butler
9. Father's Occupation	Fireman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. C. Bauch M D
Address	1141 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8260

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* December 23
4. *Place of Birth* (Street and Number) 151 south carolina st
5. *Full Name of Mother* rosea hill
6. *Mother's Maiden Name* rosea nicholas
7. *Mother's Birthplace* bristol England
8. *Full Name of Father* george b hill
9. *Father's Occupation* steward of a vessel
10. *Father's Birthplace* richmond virginia

Name of Medical Attendant, or other Person who makes this Return. mary owner

Address 153. Choptank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 23
4. *Place of Birth (Street and Number)* 248 Eastern Av -
5. *Full Name of Mother* Rosa Rudolph
6. *Mother's Maiden Name* Rosa Berbel .
7. *Mother's Birthplace* Sachsen
8. *Full Name of Father* Colin Rudolph
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Reginal Heriboye

Address No 289 S. Ann St

Remarks

8262

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2 d

1. *Sex (state whether Male or Female)* Male the child the
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* woman the 23 d, of Dec 1875
4. *Place of Birth (Street and Number)* On Fayette st. West of Fulton
5. *Full Name of Mother* Lizzie Blankner
6. *Mother's Maiden Name* Lizzie Essmann
7. *Mother's Birthplace* City of Balto.
8. *Full Name of Father* Lawrence Blankner
9. *Father's Occupation* Barber
10. *Father's Birthplace* Born in Hanau Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hilker

Address 57 Smallman st. Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 23th " 1875
4. Place of Birth (Street and Number)	204 South Paca St
5. Full Name of Mother	Maria Jane Fibbals
6. Mother's Maiden Name	Maria Jane Fields
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John J. Fibbals
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md "
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goodman
Address	241 South to Paca St
Remarks	

RETURN OF A BIRTH.

8261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* December 23 1875

4. *Place of Birth* (Street and Number) Light Street No 688.

5. *Full Name of Mother* Louise Hollenbenz

6. *Mother's Maiden Name* Louise Bartel.

7. *Mother's Birthplace* Germania

8. *Full Name of Father* Heinr Hollenbenz

9. *Father's Occupation* Labor

10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Dr Theo Brune

Address 1114 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 December
4. Place of Birth (Street and Number)	144 Mo Eloley Street
5. Full Name of Mother	Barbary Querengesser
6. Mother's Maiden Name	Barbary Scheinwendzuber
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Querengesser
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	40 Granby Street
Remarks	—

DEPARTMENT OF HEALTH DEC 28 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 29 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 23rd 1875
4. Place of Birth (Street and Number)	100 Leadenhall Street
5. Full Name of Mother	Lora Schmidt
6. Mother's Maiden Name	" " Burg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schmidt
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8.267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Harry E. Mitchell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	23rd December
4. Place of Birth (Street and Number)	Hanover St. No 24
5. Full Name of Mother	Sophia (Lyche) (Mitchel) Mitchell
6. Mother's Maiden Name	" (Lyche) Leiggs
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John (Mitchel) Mitchell
9. Father's Occupation	Engener
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos Martin
Address	West St. No 128
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 23rd 1875
4. Place of Birth (Street and Number)	167 Hamer st.
5. Full Name of Mother	Jane Harvey
6. Mother's Maiden Name	" Hancke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Hancke
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	132 S South Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
JAN 11 876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2/th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 24 December 875

4. Place of Birth (Street and Number) Chapel st. ex 15

5. Full Name of Mother Rosalia Rubesh

6. Mother's Maiden Name Rosalia Thurawa

7. Mother's Birthplace Lomnice in Bohmia

8. Full Name of Father Franis Rubesh

9. Father's Occupation workman

10. Father's Birthplace Lomnice in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koplis

Address N. Washington Lg.

Remarks

8270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	24th Dec. 1875
4. Place of Birth (Street and Number)	5 Henrietta st
5. Full Name of Mother	Mary E. Owen
6. Mother's Maiden Name	Mary E Forrest
7. Mother's Birthplace	Balt
8. Full Name of Father	Jas H. Owen
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. N. Webster M D
Address	57 Barnes st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 Dec. 1875.
4. Place of Birth (Street and Number)	64 N. Broadway
5. Full Name of Mother	Mary Pirtle
6. Mother's Maiden Name	Mary Pirtle
7. Mother's Birthplace	Dresden Germany
8. Full Name of Father	Adolph Pirtle
9. Father's Occupation	Pharmacist.
10. Father's Birthplace	Cassel Germany
Name of Medical Attendant, or other Person who makes this Return.	C. H. Pirtle
Address	No 16 N. Eden St.
Remarks	

8272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
30
1975
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* 24 Dec 1875

4. *Place of Birth* (Street and Number) 1313 Raborg St

5. *Full Name of Mother* Ellen Williams

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Baltimore MD

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 1258 West Raborg St

Remarks /

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* December 21st 1875
4. *Place of Birth* (Street and Number) 123 Eutaw St.
5. *Full Name of Mother* Catherine Brawner
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Brawner
9. *Father's Occupation* Repairer at Car Upholstering
10. *Father's Birthplace* Charles County - Maryland -

Name of Medical Attendant, or other Person who makes this Return. A. E. Klein, M.D.

Address North & Eutaw Streets

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

82714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th December 1875
4. Place of Birth (Street and Number)	39 Albemarle St.
5. Full Name of Mother	Katherin Obersaiter
6. Mother's Maiden Name	Springer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Obersaiter
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	32 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th December 1875
4. Place of Birth (Street and Number)	18 Chapel Ct. St
5. Full Name of Mother	Mary Bayne
6. Mother's Maiden Name	Cary
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Benjamin Bayne
9. Father's Occupation	Black-smith
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 S. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8276

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	24. December 1875.
4. Place of Birth (Street and Number)	No 4. Fort St.
5. Full Name of Mother	Mary Ponrell.
6. Mother's Maiden Name	Mary Lotz.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joerge Ponrell.
9. Father's Occupation	Labarer
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Mrs Katherine. Hoerner.
Address	No. 29. Elizabeth Lan.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 24 1875
4. Place of Birth (Street and Number)	41 N. Caroline St.
5. Full Name of Mother	Frances Constable
6. Mother's Maiden Name	F. Hodges
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. R. Constable
9. Father's Occupation	Merchant
10. Father's Birthplace	Kent Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. W. Hillenberger
Address	121 W. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
JAN
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 24th 1875.
4. Place of Birth (Street and Number)	173 Linden Av.
5. Full Name of Mother	Henrietta Congdon
6. Mother's Maiden Name	H. Comstock
7. Mother's Birthplace	Baltimore
8. Full Name of Father	S. H. Congdon
9. Father's Occupation	Merchant
10. Father's Birthplace	Providence R.I.
Name of Medical Attendant, or other Person who makes this Return.	S. W. Hillenbrand
Address	121 W. Monument Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* d. 24 december 1875
4. *Place of Birth (Street and Number)* N. 17 W.C. Rutlein Street
5. *Full Name of Mother* Johane Kaufman
6. *Mother's Maiden Name* Alper
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Heinrig Kaufman
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Marie R Rudiger

Address N. Bond stret

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	December 24th 1875.
4. *Place of Birth* (Street and Number)	107 Chesnut Alley
5. *Full Name of Mother*	Margarethe Vogelgesang
6. *Mother's Maiden Name*	M. Dietzel
7. *Mother's Birthplace*	Hessen Germany
8. *Full Name of Father*	George Vogelgesang
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street.
Remarks	

DEC 10 1875 BALTIMORE

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	one child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 December 1875
4. Place of Birth (Street and Number)	No 3 Dover st W. of Fallon st
5. Full Name of Mother	Mary J. Ziegler
6. Mother's Maiden Name	Nash
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Alexander Ziegler
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rose A. Anderson
Address	No 4. Dover, st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th December 1875
4. Place of Birth (Street and Number)	14. Burgan St.
5. Full Name of Mother	Annie McSweeney
6. Mother's Maiden Name	Annie Hyslin
7. Mother's Birthplace	Co Cork Ireland
8. Full Name of Father	William McSweeney
9. Father's Occupation	Laborer
10. Father's Birthplace	Co Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrismer
Address	129 E Monument St
Remarks	I approve highly of the attendant

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
DEC
30
1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24. of December.
4. *Place of Birth (Street and Number)* Baltimore. No. 24 Monument st.
5. *Full Name of Mother* Ellen A Davis
6. *Mother's Maiden Name* Ellen A Lawrence
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* George W. Davis
9. *Father's Occupation* Upholster
10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Christner

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 24th December 1875
4. *Place of Birth (Street and Number)* 102 Dallas St
5. *Full Name of Mother* Sarah White
6. *Mother's Maiden Name* Sarah Nash
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John White
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Leo Walker

Address 141 Eutaw Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8283

DEC 26 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	forth
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 December.
4. Place of Birth (Street and Number)	26 Barnet St.
5. Full Name of Mother	Barbora Kotáfiš.
6. Mother's Maiden Name	" " Skala.
7. Mother's Birthplace	Lucin Bohemia.
8. Full Name of Father	Johan Kotáfiš.
9. Father's Occupation	Laborer
10. Father's Birthplace	Kovářov Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Josefine Conrad
Address	N. 20 Barnet St.
Remarks	

8256

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 24th of December
4. *Place of Birth* (Street and Number) Montgomery St 1221 Baltimore
5. *Full Name of Mother* Julia Lloyd
6. *Mother's Maiden Name* Anna Hudson
7. *Mother's Birthplace* Accomac Co
8. *Full Name of Father* Armstrong Lawson
9. *Father's Occupation* carpenter
10. *Father's Birthplace* Somerset Co

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Kelly

Address No 113 Hamburg St

Remarks Twins Splendid

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT
JAN
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1876
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Number 7th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	24 December
4. *Place of Birth* (Street and Number)	No. 70 Preston st.
5. *Full Name of Mother*	Mary Fitzpatrick
6. *Mother's Maiden Name*	Mary Murphy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Fitzpatrick
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Julia McElroy
Address	Foster Alley
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dece. 24th 1875
4. Place of Birth (Street and Number)	No 217 S. Bethel Str
5. Full Name of Mother	Brisco Rye
6. Mother's Maiden Name	" Rye
7. Mother's Birthplace	Ireland
8. Full Name of Father	Lawrence Rye
9. Father's Occupation	Laborer
10. Father's Birthplace	Beland
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Banks St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
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1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 21st 1875.
4. *Place of Birth (Street and Number)* Md Lying in Asylum
5. *Full Name of Mother* Mary Ann Byers
6. *Mother's Maiden Name* Mary Ann Ellig
7. *Mother's Birthplace* England
8. *Full Name of Father* Geo. Byers
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr A. Greaber M. D.

Address Res. Rly & Md Lying-in Asylum

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 24th 1875
4. *Place of Birth (Street and Number)* Md. Lying in Asylum
5. *Full Name of Mother* Mary Rau
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. Miller
9. *Father's Occupation* Merchant
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. D. A. Gueber M. D.

Address 708 W. Lanvale St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	December 24th 1875
4. Place of Birth (Street and Number)	231 Franklin st
5. Full Name of Mother	Susan Brown
6. Mother's Maiden Name	Susan Atkinson
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles Brown
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John L Lemington M.D.
Address	210 Franklin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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8293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 = 6

1. *Sex* (state whether Male or Female) Male and Female Twins
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 24
4. *Place of Birth* (Street and Number) 196 South Spring Street
5. *Full Name of Mother* Annica Mary Köhler
6. *Mother's Maiden Name* Schaffermah
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Jakob Köhler
9. *Father's Occupation* Stone
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 24th 1915.
4. Place of Birth (Street and Number)	45 N. Bond St
5. Full Name of Mother	Penelope Mims
6. Mother's Maiden Name	Penelope Harman
7. Mother's Birthplace	Brudleyville, Va
8. Full Name of Father	Sigmid N. Mims
9 Father's Occupation	Merchant
10. Father's Birthplace	Martinsburg, W. Va
Name of Medical Attendant, or other Person who makes this Return.	Virginia A. Mayfair
Address	175 Hartford Ave
Remarks	

8293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 4th

1. *Sex (state whether Male or Female)* Female Child

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* born on the 24th of December 1875

4. *Place of Birth (Street and Number)* No 890 Hillst Bath St.

5. *Full Name of Mother* Kate Bensler

6. *Mother's Maiden Name* Kate Meinser

7. *Mother's Birthplace* born in Braunau Germany.

8. *Full Name of Father* Henry Bensler

9. *Father's Occupation* Baas Keeper

10. *Father's Birthplace* born in Hannover Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Lizzie Miller

Address 57 Smallwood St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1296

HEALTH DEPARTMENT
DEC
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 24th 1875
4. Place of Birth (Street and Number)	Baltimore
5. Full Name of Mother	Sarah Ammy
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Ammy
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 68 Parkin st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 24th 1875, 3 o'clock P.M.
4. Place of Birth (Street and Number)	No. 211 north Front st.
5. Full Name of Mother	Emily [illegible]
6. Mother's Maiden Name	Talbert
7. Mother's Birthplace	Baltimore, Md
8. Full Name of Father	Rudolph [illegible]
9. Father's Occupation	Wire Cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	D. Marx Livingston

8295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 23 1878
4. *Place of Birth (Street and Number)* No 126 Scott
5. *Full Name of Mother* Kunigunda Frank
6. *Mother's Maiden Name* Kunigunda Smith
7. *Mother's Birthplace* Steyniagt
8. *Full Name of Father* Mary Frank
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hellegast

Address No 126 Scott

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN.
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 25th 1875

4. *Place of Birth* (Street and Number) No 38 Mount Vernon Place

5. *Full Name of Mother* Eliza P. Longnecker

6. *Mother's Maiden Name* Eliza Palmer Martin

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Harry Clay Longnecker

9. *Father's Occupation* Editor

10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Jos: Lloyd Martin M. D.

Address No 38 Mount Vernon Place

Remarks

5300

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 25. '75
4. Place of Birth (Street and Number)	# 294 E. Chase St.
5. Full Name of Mother	Cassandra MacCubbin
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Balto. County
8. Full Name of Father	Joseph R. MacCubbin
9. Father's Occupation	Purser on Steamer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 206 N. Caroline St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5301

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 25 th 1875
4. Place of Birth (Street and Number)	No 225 Lee st.
5. Full Name of Mother	Elise Schaefer
6. Mother's Maiden Name	Schomm
7. Mother's Birthplace	Germany.
8. Full Name of Father	Julius Schaefer
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

7

RETURN OF A BIRTH.

5302
5303
Twins

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 & 10.

1. *Sex* (state whether Male or Female) both Females.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Cristmasday, 25th December 1875
4. *Place of Birth* (Street and Number) No 133 Centre avenue Balto. Md
5. *Full Name of Mother* Elmorah Tegler
6. *Mother's Maiden Name* Elmorah Schiffer.
7. *Mother's Birthplace* Hamburg Germany.
8. *Full Name of Father* George Tegler
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Hanover Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 209 Monument St. cor. of Centre avenue

Remarks Both well.

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

F 3011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh 7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 25th 1875
4. Place of Birth (Street and Number)	No 43. Duncan ally.
5. Full Name of Mother	Anna Hedrig
6. Mother's Maiden Name	Anna Pohl
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Adam Hedrig
9. Father's Occupation	Taylor
10. Father's Birthplace	Hesses
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Anna Bull
Address	No 209. Monument St. cor. Central avenue - Balto.
Remarks	Right Well.

Must any payments, antecedent, and who, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8305.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	25th December 1875
4. Place of Birth (Street and Number)	140 Baxter St.
5. Full Name of Mother	Mary Ryan
6. Mother's Maiden Name	Carbet
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Ryan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	22 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

B 3114

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	25th December 1875
4. Place of Birth (Street and Number)	107 Granby St.
5. Full Name of Mother	Elizabeth C. Knoche
6. Mother's Maiden Name	" Fisher
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Louis Knoche
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

8307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25 th 1875
4. Place of Birth (Street and Number)	11 Sark St
5. Full Name of Mother	Annie Mary Enick
6. Mother's Maiden Name	Seitz
7. Mother's Birthplace	Hardheim
8. Full Name of Father	Louis Enick.
9. Father's Occupation	Cabinet
10. Father's Birthplace	Hardheim
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler
Address	10 Schroeder St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5.315

HEALTH DEPARTMENT DEC 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (~~state whether Male or~~ Female) White.

2. Race or Color (if not of the white race)

3. Date of Birth Dec 25 1875.

4. Place of Birth (Street and Number) 37 Holliday St.

5. Full Name of Mother Sarah J. Stewart.

6. Mother's Maiden Name Sarah J. Crapster.

7. Mother's Birthplace Balto City

8. Full Name of Father Columbus A. Stewart. Jr.

9. Father's Occupation Book Keeper & Cashier.

10. Father's Birthplace Balto City.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. A. Krieg. M.D.

Address City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5.309
5.310
Twins

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.d and 3.d.

1. *Sex* (state whether Male or Female) Male and Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 23.d December

4. *Place of Birth* (Street and Number) West Pratt str | No 85½

5. *Full Name of Mother* Maggie Schillinger

6. *Mother's Maiden Name* Maggie Steineider

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* J. H. Schillinger

9. *Father's Occupation* Dairy

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 48 Monroe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8. Child.
1. Sex (state whether Male or Female)	Female. Child.
2. Race or Color (if not of the white race)	Wide.
3. Date of Birth	Borne. 25. December.
4. Place of Birth (Street and Number)	Pratt. street. No. 8.38.
5. Full Name of Mother	Louiser. Russell.
6. Mother's Maiden Name	Louiser. Bishop.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John. Russell.
9. Father's Occupation	el. Pruer.
10. Father's Birthplace	in. Prusea.
Name of Medical Attendant, or other Person who makes this Return.	Anne Linebner
Address	no 45 Monroe. st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th December
4. Place of Birth (Street and Number)	173 Orleans St.
5. Full Name of Mother	Eliza Armstrong
6. Mother's Maiden Name	" Esper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Armstrong
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A Hlenfs
Address	127 Orleans St
Remarks	

B.312

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

5913

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN 5 1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 25th 1895

4. Place of Birth (Street and Number) 31 E Clark St

5. Full Name of Mother Mary E Walter

6. Mother's Maiden Name Waeter

7. Mother's Birthplace Balto City

8. Full Name of Father George W Walter

9. Father's Occupation Expressman

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Hammer

Address 76 E Paca St

Remarks

8311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	December 25th
4. Place of Birth (Street and Number)	271. Bank. Street
5. Full Name of Mother	Rachel Ann. Flaherty
6. Mother's Maiden Name	Rachel Ann Minnie
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Michael Flaherty
9. Father's Occupation	ship Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Fanny Hily
Address	No 12 Paterson Park ave
Remarks	

I do solemnly swear that the above is a true return of the birth within described, to the best of my knowledge and belief.

RETURN OF A BIRTH.

8315
5816
Twins

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Twelfth~~ First & Sixth Twins

1. *Sex* (state whether Male or Female) Both Males

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 25th 1875

4. *Place of Birth* (Street and Number) N° 148 S. Paul St.

5. *Full Name of Mother* Mary Ellen Jenkins Rogers

6. *Mother's Maiden Name* Mary Ellen

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph M. Jenkins Jr

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. C. Chatard M.D

Address N° 114 Park Avenue

Remarks

RETURN OF A BIRTH.

5317

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 25 December 75.
4. *Place of Birth (Street and Number)* Baltimore. W. D. 77 Block Street
5. *Full Name of Mother* Mary ~~Lambert~~ Riefs.
6. *Mother's Maiden Name* Mary Lambert.
7. *Mother's Birthplace* Baltimore, M. D.
8. *Full Name of Father* John Riefs.
9. *Father's Occupation* Labor miner.
10. *Father's Birthplace* Hallenburg Russia.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 208 South Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JAN
3
1976
BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. *Sex* (*state whether Male or ~~Female~~*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Dec 25th 1875
4. *Place of Birth* (*Street and Number*) 91 Frederick Avenue
5. *Full Name of Mother* Sarah J. Baugher
6. *Mother's Maiden Name* " Dare
7. *Mother's Birthplace* Calvert Co, Md
8. *Full Name of Father* John P. Baugher
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Maryland (Carroll Co)

Name of Medical Attendant, or other Person who makes this Return. Geo H Dare

Address 91 Frederick Avenue

Remarks

RETURN OF A BIRTH.

8.319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	25 December 1895
4. Place of Birth (Street and Number)	116 N. Calvert St Balto
5. Full Name of Mother	Lena D Litchfield
6. Mother's Maiden Name	" " Burgan
7. Mother's Birthplace	Balto co Md
8. Full Name of Father	Hy C. Litchfield.
9. Father's Occupation	Cabinet Maker.
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	C Hutton M D
Address	23 Franklin St Balto
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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8320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 25th 1875.
4. Place of Birth (Street and Number)	354 Saratoga Street
5. Full Name of Mother	Louisa Wells
6. Mother's Maiden Name	L. Ekelmeyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. W. Wells
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hummel
Address	56 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8321

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	25th December 1875
4. *Place of Birth* (Street and Number)	*46 Harford Ave
5. *Full Name of Mother*	Mary S Magness
6. *Mother's Maiden Name*	Mary S Bobby
7. *Mother's Birthplace*	Baltimore Maryland
8. *Full Name of Father*	John C Magness
9. *Father's Occupation*	Painting
10. *Father's Birthplace*	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrismer
Address	129 E. Monument St
Remarks	

RETURN OF A BIRTH.

8922

DEC 30 1875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 25
4. *Place of Birth (Street and Number)* 162 ~~East~~ East Eager St
5. *Full Name of Mother* Anna Elizabeth ~~Allard~~ Allard
6. *Mother's Maiden Name* Anna Elizabeth Wilson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Albert Augustus Allard
9. *Father's Occupation* Tin Smith
10. *Father's Birthplace* Waltham Mass

Name of Medical Attendant, or other Person who makes this Return. Ursula V. Chrismer

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 25th. 1875
4. Place of Birth (Street and Number)	51. Stockton St
5. Full Name of Mother	Victoria Akers
6. Mother's Maiden Name	Victoria Neugmand
7. Mother's Birthplace	Canada Co md
8. Full Name of Father	Johan Akers
9. Father's Occupation	Tailor
10. Father's Birthplace	Bach
Name of Medical Attendant, or other Person who makes this Return.	A Tenley md
Address	454. N. Carey St
Remarks	Bach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8321

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 25 1875

4. *Place of Birth* (Street and Number) Cor Division & McCulloh sts

5. *Full Name of Mother* Jennie E. Pindell

6. *Mother's Maiden Name* Jennie E. Johnston

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Clarence H. Pindell

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett

Address 93 McCulloh st

Remarks

8325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
3
376
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 25th 1875
4. Place of Birth (Street and Number)	238 N. Durham sts
5. Full Name of Mother	Kate Lukart
6. Mother's Maiden Name	" Friedrich
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Luckart
9. Father's Occupation	Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	129 Bank sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty for neglect in the City of Baltimore.

RETURN OF A BIRTH.

5326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	female 14
1. Sex (state whether Male or Female) 7	female 5 male 2 Still Born
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	December 24 1875
4. Place of Birth (Street and Number)	Chesnut St 115
5. Full Name of Mother	Margaret an Banks
6. Mother's Maiden Name	Margaret an Piper
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Samuel Oeur Banks
9. Father's Occupation	Oysters Chucker
10. Father's Birthplace	Dorchester County Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Kinnes
Address	No 135 Chesnut Street Baltimore City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3927

DEC 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 23th 1875.
4. Place of Birth (Street and Number)	15 Sterret Street.
5. Full Name of Mother	Caroline Rembal
6. Mother's Maiden Name	C. Dorson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Rembal
9. Father's Occupation	Printer
10. Father's Birthplace	Howard County
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56. East Street.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8325

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	December 20. 1875,
4. Place of Birth (Street and Number)	367 N. Bond St.
5. Full Name of Mother	Sarah Virginia Billinger,
6. Mother's Maiden Name	Sarah Virginia Bates,
7. Mother's Birthplace	Maryland,
8. Full Name of Father	Charles Edward Billinger,
9. Father's Occupation	Customer,
10. Father's Birthplace	Pennsylvania,
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hanck M.D.
Address	70 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5329

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25th
4. Place of Birth (Street and Number)	193. W Biddle St
5. Full Name of Mother	Annie White
6. Mother's Maiden Name	Annie M Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm G White
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Foley Jenkins
Address	148 Madison St
Remarks	Child healthy

8931.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875.
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2ten Child

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* December 25ten 1875
4. *Place of Birth* (*Street and Number*) E. Fayette St. No. 225
5. *Full Name of Mother* Karolina Jonas
6. *Mother's Maiden Name* Karolina Dauwert
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wilhelm [redacted] Jonas
9. *Father's Occupation* Painter
10. *Father's Birthplace* Helbschlin H. Sachsen Coburg Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
15
1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 25th 75

4. Place of Birth (Street and Number) 26 N. Eutaw

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8.332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 — seven

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 25 December 1875 - at 12 a m -
4. *Place of Birth (Street and Number)* Chestnut Street no 90 —
5. *Full Name of Mother* Annie Decart
6. *Mother's Maiden Name* Annie Dickson
7. *Mother's Birthplace* Eastern Shore Md a
8. *Full Name of Father* Daniel Decart
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Henri F Tolson M. D.

Address N. W. corner of Fayette & Aisquith Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 25. of Dezember
4. *Place of Birth (Street and Number)* Kommerzrath St No 78.
5. *Full Name of Mother* Anner Marie Adler.
6. *Mother's Maiden Name* Anner Marie Knistel
7. *Mother's Birthplace* Gorzkow Preußen
8. *Full Name of Father* Gotfr. Adler
9. *Father's Occupation* Schneider.
10. *Father's Birthplace* Upbevrnd. in Großherzogthum Posen. Preußen

Name of Medical Attendant, or other Person who makes this Return. Wolbrecht Heller

Address Stirling St No 165.

Remarks

DATE NAME ADDED 7-8-52

RETURN OF A BIRTH.

5331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Name: Carrie (Caroline) Elder Gutman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25 / 75
4. Place of Birth (Street and Number)	188 W. Lombard St
5. Full Name of Mother	Mrs. Joel Gutman
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joel Gutman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. W. Stump M.D.
Address	131 N. Charles St.
Remarks	

HEALTH DEPARTMENT DEC 25 1875 BALTIMORE MD.

8336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th Dec. 1875.
4. Place of Birth (Street and Number)	108 Addison st.
5. Full Name of Mother	Annie Wilhelm
6. Mother's Maiden Name	Annie Roehl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Wilhelm
9. Father's Occupation	Drover
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. Katherine Dall 108 Addison st.
Remarks	On account of being Twins this could not be sent within the five days.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aqist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 25
4. Place of Birth (Street and Number)	132 S. Wolf St
5. Full Name of Mother	Gretje, Gerta Wilhelmine Köhler
6. Mother's Maiden Name	" " " Geerken-
7. Mother's Birthplace	Emden
8. Full Name of Father	Fred. Harmanus Köhler
9. Father's Occupation	Sailor
10. Father's Birthplace	Emden
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Ponder
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 27 1892
4. *Place of Birth (Street and Number)* 21 Eden st
5. *Full Name of Mother* Mabell Patterson
6. *Mother's Maiden Name* Mabell Shultz
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* James A Patterson
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jesse Hellen

Address 1109 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8398

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 26 1875
4. *Place of Birth (Street and Number)* 1203 Gilmor st
5. *Full Name of Mother* Rebecca Bright
6. *Mother's Maiden Name* Rebecca Zimmerman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William A Bright
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jesse K. Carroll

Address 1201 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 26 1895
4. *Place of Birth* (Street and Number) No. 161 Aisquith St.
5. *Full Name of Mother* Mary Emma Lippincott
6. *Mother's Maiden Name* Mary Emma Lippincott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Lippincott
9. *Father's Occupation* Fire Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Higgins

Address No. 182 Preston Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

83140

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 26 - 1875
4. Place of Birth (Street and Number)	No 21 Paine St
5. Full Name of Mother	Caroline Caura
6. Mother's Maiden Name	" Bamberger
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Caura
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rider M.D.
Address	89 Mulberry St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8341

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 26th 1875

4. *Place of Birth* (Street and Number) No 450 E. Lombard St.

5. *Full Name of Mother* Mrs. Susan Jones

6. *Mother's Maiden Name* Miss Susan Jamison.

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Mr. John W. Jones

9. *Father's Occupation* Gardner.

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M. D.

Address No. 93 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 26th 1875.
4. Place of Birth (Street and Number)	50 Conway St.
5. Full Name of Mother	Ida Stern.
6. Mother's Maiden Name	" Eppinger
7. Mother's Birthplace	Cincinnatti, Ohio.
8. Full Name of Father	David L. Stern.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Europe.
Name of Medical Attendant, or other Person who makes this Return	R. J. N. Fall, M.D.
Address	158 N. Sharp St.
Remarks	Child Living.

RETURN OF A BIRTH.

8313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	26th Dec 1875
4. Place of Birth (Street and Number)	41 Watson St.
5. Full Name of Mother	Mary Ann Gee
6. Mother's Maiden Name	Keller
7. Mother's Birthplace	U. States of America
8. Full Name of Father	John Wm. Gee
9. Father's Occupation	Black Smith.
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

8311 11

JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 26th 1875
4. *Place of Birth (Street and Number)* Oxford St. No. 70
5. *Full Name of Mother* Barbara Wiechard
6. *Mother's Maiden Name* Barbara Hahn
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich D. Wiechard
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Records of Vital Statistics

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second Child of 1st Mother

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* twenty sixth day of December
4. *Place of Birth (Street and Number)* 278 east Lombard St.
5. *Full Name of Mother* Emma ~~Ritzius~~ Munkel
6. *Mother's Maiden Name* Emma Ritzius
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Munkel
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Marienhagen Hessia Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address do 208 South Bond str

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

F. 3116

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 26th 1875
4. Place of Birth (Street and Number)	Baltimore Carlin st No. 52
5. Full Name of Mother	Rose Leigh
6. Mother's Maiden Name	Cook
7. Mother's Birthplace	Baltimo
8. Full Name of Father	George Leigh
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Mitchell
Address	NB 5 & Parlin st
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Stree and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

RETURN OF A BIRTH.

8.3115

Baltimore

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of Dezember.
4. Place of Birth (Street and Number)	William St. No. 140.
5. Full Name of Mother	Schuley Zink Kamp.
6. Mother's Maiden Name	Schuley Müller
7. Mother's Birthplace	Kurhessen. Germeney
8. Full Name of Father	Heinz Zink Kamp.
9. Father's Occupation	Küfper
10. Father's Birthplace	Kurhessen. Germeney.
Name of Medical Attendant, or other Person who makes this Return.	Mis Martin
Address	West St. No 128
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Ref. Record of Vital Statistics in the City of Baltimore.

8349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d & L
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 26th 1875
4. Place of Birth (Street and Number)	24 Philpot
5. Full Name of Mother	Ellen Carroll
6. Mother's Maiden Name	Ellen Mc Gowan
7. Mother's Birthplace	Fairmanor, Ireland
8. Full Name of Father	Moses Carroll
9. Father's Occupation	Cutter
10. Father's Birthplace	Wexford Co, Ireland
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D. Cor D. Brooks
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

5351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Ch
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 26th 1875
4. Place of Birth (Street and Number)	35 S. Dallas
5. Full Name of Mother	Susan Ann Jewell
6. Mother's Maiden Name	Susan Ann Griffith
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm. Henry Jewell
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. L. Wilkins M.D.
Address	69 S Broadway
Remarks	

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8.351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4"
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	2d Sept 1875
4. Place of Birth (Street and Number)	46 Courtland c Balto
5. Full Name of Mother	Melvina A Bowie
6. Mother's Maiden Name	" " Latimer
7. Mother's Birthplace	Ark
8. Full Name of Father	Daniel Bowie
9. Father's Occupation	Mer & Lumb
10. Father's Birthplace	Balto md
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson M D
Address	28 Franklin Balto
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee! Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8352

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec th 26 1875

4. Place of Birth (Street and Number) Balt No 160 Raltrug st

5. Full Name of Mother Julia Perry

6. Mother's Maiden Name Gelsing

7. Mother's Birthplace Balt

8. Full Name of Father Frank Perry

9. Father's Occupation Porter

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Mary A. Dorsey

Address No 83 Oxford St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8353

HEALTH DEPARTMENT
JAN
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 26 1875
4. *Place of Birth (Street and Number)* 165 York Street
5. *Full Name of Mother* Annei Bennett
6. *Mother's Maiden Name* Annei Albert
7. *Mother's Birthplace* Carline County
8. *Full Name of Father* Geory Bennett
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Talbert County

Name of Medical Attendant, or other Person who makes this Return. Milly Groos

Address

Remarks

7

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	26 December 2.00 A. M.
4. Place of Birth (Street and Number)	39 Barnet Str
5. Full Name of Mother	Fr. Kovalec Bohemia.
6. Mother's Maiden Name	Franka Dolezel.
7. Mother's Birthplace	Znatek
8. Full Name of Father	Josef Kovalec
9. Father's Occupation	Laborer
10. Father's Birthplace	Znatek Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Josefine Conrad
Address	No 20 Barnet Str.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 26th 1876
4. Place of Birth (Street and Number)	216 Alice Anna sts
5. Full Name of Mother	Anna Schmuck
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Schmuck
9. Father's Occupation	Bar keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 26 — 1875
4. Place of Birth (Street and Number)	232 Gorman St.
5. Full Name of Mother	Mary Ellen Bottom
6. Mother's Maiden Name	Bowman
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Samuel D. Bottom
9. Father's Occupation	Tinner
10. Father's Birthplace	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Wright M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 26, 1914
4. Place of Birth (Street and Number)	316 E. Lanvale St.
5. Full Name of Mother	Ollie E. Belgrave
6. Mother's Maiden Name	Ollie E. Burk
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Gilbert E. Belgrave
9. Father's Occupation	Lock Maker & Bell Hanger
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Johnson
Address	
Remarks	

DEPARTMENT OF HEALTH DEC 29 1915 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Dec 26th 1875
4. Place of Birth (Street and Number)	Ally in rear of Chew st no 2
5. Full Name of Mother	Jennie Jackson
6. Mother's Maiden Name	Jackson
7. Mother's Birthplace	Baltimore md
8. Full Name of Father	not known
9. Father's Occupation	not known
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Amelia Lucas
Address	no 138 Sterling st
Remarks	This child lived about 2 of hours

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 27th 1875
4. Place of Birth (Street and Number)	No. 1 Chapel alley
5. Full Name of Mother	Betsy Cromwell
6. Mother's Maiden Name	Betsy Marshall
7, Mother's Birthplace	St Mary's Co.
8. Full Name of Father	John Wesley Cromwell.
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Winneberger
Address	23 N. Liberty
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 21st 1895
4. *Place of Birth (Street and Number)* No 331 Hartford Avenue
5. *Full Name of Mother* Magdalen Gumpton
6. *Mother's Maiden Name* Magdalen Cahill
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Richard Gumpton
9. *Father's Occupation* Rail Road Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno F. Magee

Address No 182 Monument

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

8361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	27. December 1875
4. Place of Birth (Street and Number)	No. 73. Grindle St.
5. Full Name of Mother	Barbara Schaeffer.
6. Mother's Maiden Name	Barbara Smith.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Andz Schaeffer.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner.
Address	No. 29. Elizabeth Lane.
Remarks	

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5362
5363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children
1. Sex (state whether Male or Female) Twins Male and Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27th Dec 1870
4. Place of Birth (Street and Number) 223 William st
5. Full Name of Mother Margret S Johnson
6. Mother's Maiden Name Margret S Roberts
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm W Johnson
9. Father's Occupation Caulker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs A Nash
Address
Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5944

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	21st December 1875
4. *Place of Birth* (Street and Number)	108 Exeter St.
5. *Full Name of Mother*	Kate Wunderlich
6. *Mother's Maiden Name*	Plumer
7. *Mother's Birthplace*	U. States of America
8. *Full Name of Father*	Wm Wunderlich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	12 E. Lombard St.
Remarks	

8365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	27 December 1875
4. Place of Birth (Street and Number)	28 Harrison St.
5. Full Name of Mother	Hester Bornstein
6. Mother's Maiden Name	" Bornstein
7. Mother's Birthplace	Russia
8. Full Name of Father	Kallen Hornstein
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th inst.
4. Place of Birth (Street and Number)	404 E. Lombard st.
5. Full Name of Mother	Mary J. Pickley
6. Mother's Maiden Name	Mary J. Crosdale
7. Mother's Birthplace	Fair Haven A. A. Co. Md.
8. Full Name of Father	Robt. Pickley
9. Father's Occupation	Clerk
10. Father's Birthplace	Chester Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	John F. McSherry M.D.
Address	" S. W. Cor. Calvert & Read sts.
Remarks	

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*)

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth*

4. *Place of Birth* (*Street and Number*)

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5368

BALTIMORE CITY HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fünfte Kind
1. Sex (state whether Male or Female)	Ein Knig
2. Race or Color (if not of the white race)	Weisse
3. Date of Birth	Den 26 Dezember Gebohren
4. Place of Birth (Street and Number)	Grünberg Strasse No 81
5. Full Name of Mother	Roberta Müller
6. Mother's Maiden Name	Gebohrene Müller
7. Mother's Birthplace	Preuss
8. Full Name of Father	Rud Rudolph Müller
9. Father's Occupation	
10. Father's Birthplace	Ein Preuss
Name of Medical Attendant, or other Person who makes this Return.	Friedrich Rud
Address	247 Dallas Strasse
Remarks	Gebohren

Granby

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex* (state whether Male or Female) female male
2. *Race or Color* (if not of the white race) color
3. *Date of Birth* December 27 1875
4. *Place of Birth* (Street and Number) No 30 chappel st
5. *Full Name of Mother* Annie glasco
6. *Mother's Maiden Name* ..... gail
7. *Mother's Birthplace* Chester town md
8. *Full Name of Father* henry glasco
9. *Father's Occupation* drayman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Jacob R. Johnson

Address

Remarks

RETURN OF A BIRTH.

5370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 27th 1875
4. Place of Birth (Street and Number)	169 N. Carlton St.
5. Full Name of Mother	Sophia Davison
6. Mother's Maiden Name	Sophia Brown
7. Mother's Birthplace	Port Deposit Md
8. Full Name of Father	J. M. Davison
9. Father's Occupation	Manager
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Millenberger
Address	121 N. Monroe St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8371

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 Children 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th Dezembers
4. Place of Birth (Street and Number)	Park St No 116
5. Full Name of Mother	Anna Shiebel
6. Mother's Maiden Name	Anna Table
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Shiebel
9. Father's Occupation	Engeiner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mis Shaelin
Address	West St. N. 128
Remarks	

8372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 children
1. Sex (state whether Male or Female)	Last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 December
4. Place of Birth (Street and Number)	146 East Madison alley
5. Full Name of Mother	Fredericka Stern
6. Mother's Maiden Name	Francis Furst
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam Lorance Furst
9. Father's Occupation	Laborman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address 71 Northchapel st	John Kunkel
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* d 27 december 1875.
4. *Place of Birth (Street and Number)* 64 Washington stret
5. *Full Name of Mother* Ans. Stesser Malone
6. *Mother's Maiden Name* Klare
7. *Mother's Birthplace* Irrlanet
8. *Full Name of Father* Wrliam Malone
9. *Father's Occupation* Tinsichmier
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Marie R Richiger

Address N. 134 N Bond stret

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

83711

HEALTH DEPT
DEC
30
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* December 27th 1875

4. *Place of Birth (Street and Number)* 233 Mulberry St Balto Md

5. *Full Name of Mother* Harriet E. Magness

6. *Mother's Maiden Name* Harriet E [illegible]

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Jas. E. Magness

9. *Father's Occupation* Coach Maker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrismer

Address 129 E. Monument St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec 27th 1875

4. Place of Birth (Street and Number) No 83 Lancaster str

5. Full Name of Mother Maggereth Spingler

6. Mother's Maiden Name Hoph

7. Mother's Birthplace Germany

8. Full Name of Father Conrad Spinnler

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 126 Saint str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE SUN OFFICE JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) —

3. Date of Birth 27 Dec. 75

4. Place of Birth (Street and Number) 6 N. Strieker st.

5. Full Name of Mother Amalie Caroline Stahl

6. Mother's Maiden Name Amalie Caroline Stahl

7. Mother's Birthplace Baltimore

8. Full Name of Father Mark J. Cohn

9. Father's Occupation Insurance Agent

10. Father's Birthplace Breslau (Germany)

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Blechman M.D.

Address 420 Park av.

Remarks

8277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 5 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 27 de 1875
4. *Place of Birth* (Street and Number) 269 Argyle Avenue
5. *Full Name of Mother* Margaret Marsh
6. *Mother's Maiden Name* Margaret Marsh
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Illeash
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett

Address 93 Woolen St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5-978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh –
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 27th 1875
4. Place of Birth (Street and Number)	15 Wilkins Ave
5. Full Name of Mother	Delia J Kuler
6. Mother's Maiden Name	Delia J Schinberg –
7. Mother's Birthplace	Cincinnati Ohio –
8. Full Name of Father	Wm H. Kuler
9. Father's Occupation	RR News Agent (Union News Co)
10. Father's Birthplace	Scotland –
Name of Medical Attendant, or other Person who makes this Return.	W G Rigdon MD
Address	17 N Calhoun St –
Remarks	

RETURN OF A BIRTH.

5379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 29 1925 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec: 27th
4. Place of Birth (Street and Number)	413 Saratoga St.
5. Full Name of Mother	Augusta Hassagan
6. Mother's Maiden Name	Augusta Ecke
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry J. Hassagan
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix J. Hutchins (148 Mulberry St.
Address	Child-health Dep't
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) —
3. *Date of Birth* 27th December 1875
4. *Place of Birth* (Street and Number) 28 Harrison St.
5. *Full Name of Mother* Hester Hornstein.
6. *Mother's Maiden Name* do Bernstein.
7. *Mother's Birthplace* Russia.
8. *Full Name of Father* Gall. Hornstein.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper.

Address 52 E. Lombard St.

Remarks [redacted] minute after. Say (6) five —

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

No. of Child of Mother ~~(state whether 1st, 2d, 3d, &c.)~~ Fourth

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth Dec, 27 74

4. Place of Birth (Street and Number) 130 N Eden St

5. Full Name of Mother Rachel A. Dukehart

6. Mother's Maiden Name " " Young

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm B. Dukehart

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Engelbrecht MD

Address 1117 E Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child, or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

5382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 27th 1875.

4. Place of Birth (Street and Number) Md. Lying-in Asylum

5. Full Name of Mother Alice Gaines

6. Mother's Maiden Name Alice Ellis

7. Mother's Birthplace Canada

8. Full Name of Father Mason Gaines

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Fiske M.D.

Address 166 W. Lombard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dec 21
4. *Place of Birth (Street and Number)* 356 Fayette St
5. *Full Name of Mother* Kate Smyth
6. *Mother's Maiden Name* Kate Barber
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* A. J. Snyder
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Barbary Weiss 356 Fayette St

Address

Remarks

DEC 23 1879 HEALTH DEPARTMENT BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 3811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 27th 1875
4. Place of Birth (Street and Number)	Baltimore St. 911
5. Full Name of Mother	Alice L Fletcher
6. Mother's Maiden Name	" " Marshal
7. Mother's Birthplace	Hastings, New York.
8. Full Name of Father	Charles L Fletcher
9. Father's Occupation	Carpenter
10. Father's Birthplace	Hastings N. Y.
Name of Medical Attendant, or other Person who makes this Return.	Horatio N. Shultz
Address	No 11 South Arlington ave
Remarks	

RETURN OF A BIRTH.

8385
8386
Twins

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twins, Twins
1. Sex (state whether Male or Female)	Females
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Dec 27th 1875
4. Place of Birth (Street and Number)	No. 57 Booth st
5. Full Name of Mother	Ella Hines
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Chesnut st Balto
8. Full Name of Father	Edward Myers
9. Father's Occupation	Barber
10. Father's Birthplace	Prince Georges Co.
Name of Medical Attendant, or other Person who makes this Return.	Horatio N. Shultz
Address	No 11 South Arlington ave
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	[redacted]
3. *Date of Birth*	December 28th 1875
4. *Place of Birth* (Street and Number)	No. 12 Carrollton Ave.
5. *Full Name of Mother*	Maggie Litz
6. *Mother's Maiden Name*	Maggie Thelly
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Reinhart Litz
9. *Father's Occupation*	Box Maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winneberger
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 28th 1875
4. Place of Birth (Street and Number)	# 382 Eastern Ave. F.P.
5. Full Name of Mother	Kate Burkert Cramer.
6. Mother's Maiden Name	Kate Burkert.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Fred. Cradmer.
9. Father's Occupation	Cabinet maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	#178 S. Chapel st. F. P.
Remarks	"

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Tuesday Dec 28 75
4. *Place of Birth (Street and Number)* 39 Richmond St
5. *Full Name of Mother* Susan Ruberg
6. *Mother's Maiden Name* " Brockenindel
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm Ruberg
9. *Father's Occupation* Garbage Cart Keeper
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G L Tannyhill

Address 129 W Biddle St

Remarks

RETURN OF A BIRTH.

8391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	28th December 1875
4. *Place of Birth* (Street and Number)	16 Lombard St.
5. *Full Name of Mother*	Annie Seifert
6. *Mother's Maiden Name*	" Kaeper
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Leonard Seifert
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Culper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 24 Dec, 1878

4. *Place of Birth* (Street and Number) 105 Lippincott Street

5. *Full Name of Mother* Nancy Lynch

6. *Mother's Maiden Name* Nancy Burns

7. *Mother's Birthplace* Staffordshire England

8. *Full Name of Father* James Lynch

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Plattsburg N. Y. USA

Name of Medical Attendant, or other Person who makes this Return. Dr. Emily Fullerton

Address 1041 Eastern Ave Balto

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 28th 1875
4. Place of Birth (Street and Number)	No 27 N. Kin St.
5. Full Name of Mother	Catherine Thompson
6. Mother's Maiden Name	" Fitzpatrick
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Thompson
9. Father's Occupation	Carriage Smith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	174 E. Eager St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Anna Adalheid Leonard

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth. (6th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 28th 1875
4. Place of Birth (Street and Number)	310 N. Stricker St.
5. Full Name of Mother	Annie M. Leonard
6. Mother's Maiden Name	Lorrimore
7. Mother's Birthplace	Centreville - Queen Anne's Co. Md.
8. Full Name of Father	Edmund Thomas Leonard
9. Father's Occupation	Steamboat Commander
10. Father's Birthplace	Easton - Md.
Name of Medical Attendant or other Person who makes this Return.	William M. Murray M.D
Address	S. E. cor. Patterson ave. & Stricker St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

8391

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (~~state whether Male or~~ Female)* White.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 28th 1875
4. *Place of Birth (Street and Number)* 229 Capitol Avenue.
5. *Full Name of Mother* Augusta J. Vickery,
6. *Mother's Maiden Name* Augusta J. Wendtland,
7. *Mother's Birthplace* London, England,
8. *Full Name of Father* Edward W. Vickery,
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John. J. F. Frazer M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

CITY DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether ~~Male or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth December 28th 1875

4. Place of Birth (Street and Number) Gough St. Nr 146.

5. Full Name of Mother Kathe Bernhard

6. Mother's Maiden Name Kathe Linz

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert M. Bernhard

9. Father's Occupation Store Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N Dallas St Nr 26.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 28th of December

4. Place of Birth (Street and Number) Eastern Ave. No. 365

5. Full Name of Mother Elizabeth Thompson

6. Mother's Maiden Name Williams

7. Mother's Birthplace Baltimore

8. Full Name of Father Daniel Thompson

9. Father's Occupation Moulder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Eastern Ave.

Remarks

8.397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 28 — 1875 — 2 30 A. M.
4. *Place of Birth (Street and Number)* Pleasant near Elliott No 9.
5. *Full Name of Mother* Rosa Cox
6. *Mother's Maiden Name* Rosa McQuade
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Hugh Cox
9. *Father's Occupation* Laborer at Distillery
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return, Jamie E Donnelle M D

Address 299 E Baltimore St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 28th 1875.
4. *Place of Birth (Street and Number)* No. 196 E. Chapel St.
5. *Full Name of Mother* Mary Woeber
6. *Mother's Maiden Name* Mary Müller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fr. M. Woeber
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amer. d

Address No 137 S Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8399

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Dec 29 th 1875.

DEC 30 1875 HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec 28 th 1875.
4. Place of Birth (Street and Number) No. 81 Low St.
5. Full Name of Mother Maggie Bien
6. Mother's Maiden Name Maggie Fredrick.
7. Mother's Birthplace America.
8. Full Name of Father George Bien.
9. Father's Occupation Tinner.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arment.

Address No 137 S Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
7
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Dec 28th 1875
4. *Place of Birth* (*Street and Number*) Cor Mount & Pratt sts
5. *Full Name of Mother* Lizzie D. French
6. *Mother's Maiden Name* Rhoades
7. *Mother's Birthplace* New Brunswick N Jersey
8. *Full Name of Father* C N French
9. *Father's Occupation* Telegraphist
10. *Father's Birthplace* Kingston N Jersey

Name of Medical Attendant, or other Person who makes this Return. A H Cumey

Address 76 E Pratt st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ered Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 11 01

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth December 28th 1875

4. Place of Birth (Street and Number) Forrest St. No. 69

5. Full Name of Mother Louise Vinoepp.

6. Mother's Maiden Name Louise Müller

7. Mother's Birthplace Baltimore City

8. Full Name of Father Christian Vinoepp

9. Father's Occupation Baker

10. Father's Birthplace Ranstadt Gr. Hessen Germany

Name of Medical ~~Attendant~~, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

8402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dezember 28th 1875
4. *Place of Birth (Street and Number)* E. Caroline St. No. 185
5. *Full Name of Mother* Christina Martin
6. *Mother's Maiden Name* Christina Loeffler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann E. Martin
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aid or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

81403

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	28th December 1875
4. Place of Birth (Street and Number)	No 60. Albmarle st
5. Full Name of Mother	Bridget Lamb
6. Mother's Maiden Name	Bridget Manual
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Lamb
9. Father's Occupation	labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Eliza J. Lemming
Address	No 96 Albmarle
Remarks	healthy

RETURN OF A BIRTH.

8402

HEALTH DEPARTMENT JAN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* d. 28 December 1875
4. *Place of Birth (Street and Number)* 312 Orlien Stret
5. *Full Name of Mother* Teresa Keller
6. *Mother's Maiden Name* Klar
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Friedrig Keller
9. *Father's Occupation* Glafner al. Bottcher
10. *Father's Birthplace* Germene

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond stret.

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Dec 28 st 1875
4. Place of Birth (Street and Number)	25 Orleans St Balt MD
5. Full Name of Mother	Lizzie Pratt
6. Mother's Maiden Name	Lizzie Alon
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	David Pratt
9. Father's Occupation	Oyster Schucker
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Miss Sophia Hickes
Address	No 135 Eastaw's street
Remarks	Baltimore MD

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8406

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th of Dec, 1875
4. *Place of Birth (Street and Number)*: Belair Road
5. *Full Name of Mother* Mary Bally
6. *Mother's Maiden Name* Mary Gelt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Bally
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st.

Remarks

8407

RETURN OF A BIRTH.

DEATH DEPT. JAN 4 1876 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 28th 1875
4. Place of Birth (Street and Number)	71 Pine st
5. Full Name of Mother	Minas L Reiley
6. Mother's Maiden Name	" " King
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Reiley
9. Father's Occupation	Plumber
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	D L Pennington MD
Address	210 Franklin st
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

81408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
26
1875
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 6th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 25/75

4. Place of Birth (Street and Number) N 209 Lemmon St.

5. Full Name of Mother Catherine McC. Shane

6. Mother's Maiden Name " McKinnen

7. Mother's Birthplace Ireland

8. Full Name of Father Edw. McC. Shane

9. Father's Occupation Porter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. S. Prentiss

Address 379 W. Lombard St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 28th November
4. *Place of Birth* (Street and Number) 616 Jefferson St
5. *Full Name of Mother* Annie S. McFeeters
6. *Mother's Maiden Name* Boyce
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. McFeeters
9. *Father's Occupation* Minister
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. J. Gaff

Address 187 Orleans St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

8410

DEPARTMENT OF HEALTH BALTIMORE DEC 29 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 28th 1875
4. Place of Birth (Street and Number)	49 Leadenhall Street
5. Full Name of Mother	Chatherina Backer
6. Mother's Maiden Name	" " " Koch
7. Mother's Birthplace	Germany
8. Full Name of Father	Fredrich Bakker
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chatherina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8 11 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* 28 Dec 1876
4. *Place of Birth* (Street and Number) 2.25 West St
5. *Full Name of Mother* Martha Lane
6. *Mother's Maiden Name* . . . Jones
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* Steven . . Land
9. *Father's Occupation* Fisherman
10. *Father's Birthplace* Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Dr. Goldsmith

Address

Remarks No 20 Gardner Pl

Extract Regulations of the Board of Health relating to Returns of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
17
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* December 28
4. *Place of Birth* (Street and Number) No 124 Durham St
5. *Full Name of Mother* Anna Mary Haske
6. *Mother's Maiden Name* " " Punte
7. *Mother's Birthplace* Oldenburg
8. *Full Name of Father* Franz Joseph Haske
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Virginia Heidlage

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 284 S. Dallas

4. Place of Birth (Street and Number) Wilhelmine Kaast 284 S. Dallas St

5. Full Name of Mother

6. Mother's Maiden Name " Vosweth

7. Mother's Birthplace Germany

8. Full Name of Father Carl Kaast

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M.D.

Address 94 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, omit or refuse to make Return of the birth of any child, within the City of Baltimore, shall forfeit to the Register, for the use of the City of Baltimore, shall Report to the Registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 41161

JAN 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 29 1875
4. *Place of Birth (Street and Number)* NB 14 St mary Street
5. *Full Name of Mother* Susan Smith
6. *Mother's Maiden Name* Susan Jones
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Smith
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester J Bradley Doctress

Address No 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8415

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 27th 1875
4. *Place of Birth (Street and Number)* No 12 Union Street
5. *Full Name of Mother* Rachel Cole
6. *Mother's Maiden Name* Rachel Thilman
7. *Mother's Birthplace* Easton Dorchester County
8. *Full Name of Father* Charles Cole
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Richmon Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 65 Orchard Street

Remarks

8116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. Thirst

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 29. of Dec.

4. *Place of Birth (Street and Number)* Durham St No 361.

5. *Full Name of Mother* ~~Fredrick~~ Loob Sophie Loob

6. *Mother's Maiden Name* ~~Fredrick~~ Sophie Feyler

7. *Mother's Birthplace* Born. in Baltimore

8. *Full Name of Father* Fredrick Loob

9. *Father's Occupation* Labore

10. *Father's Birthplace* Born. in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Miller

Address Sterling St No 165.

Remarks

Feet Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 29th 1875
4. Place of Birth (Street and Number)	125 S Gay St
5. Full Name of Mother	Mary R A Newman
6. Mother's Maiden Name	Mitchell
7. Mother's Birthplace	Balto City
8. Full Name of Father	Henry Newman
9. Father's Occupation	Box Maker
10. Father's Birthplace	Germany
Name of Medical Attendant or other Person who makes this Return	M Hanny
Address	76 S Paca st
Remarks	

Sec. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. (over 8118)

HEALTH DEPT
JAN
5
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Henry Merryman Wilson 5th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 29

4. Place of Birth (Street and Number) 29 McCulloh St.

5. Full Name of Mother Mary B. Wilson

6. Mother's Maiden Name Mary B. Merrill

7. Mother's Birthplace Frederick Md.

8. Full Name of Father John K. Wilson

9. Father's Occupation Clerk

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. J. M. Wilson

Address 257 Mad. Ave

Remarks Forceps.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 29 1875

4. Place of Birth (Street and Number) West St No 82

5. Full Name of Mother Rose Myers

6. Mother's Maiden Name Rose Myers

7. Mother's Birthplace Baltimore

8. Full Name of Father Frayers Myers

9. Father's Occupation Brick Manufacture

10. Father's Birthplace Oldenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa City.

Address No 12 Paterson Park avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend such case, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8-11-20

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 29. 1874
4. Place of Birth (Street and Number)	155. Columbia St
5. Full Name of Mother	Margrett Langeluettec
6. Mother's Maiden Name	Mayhle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Langluettec
9. Father's Occupation	Legar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Garrinue Fund of
Address	1124 Lemott pl 4.37.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 1121

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 29th 1875
4. Place of Birth (Street and Number)	51 Howard Street Locust Point
5. Full Name of Mother	Anne Moon
6. Mother's Maiden Name	Anne Doulon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Moon
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Enrole
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8112.2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 29th 75.
4. Place of Birth (Street and Number)	Clinton st. Clinton No. 420
5. Full Name of Mother	Kate Kessel
6. Mother's Maiden Name	Kate Klein
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Henry Kessel
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

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Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8423

JAN 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 29th

4. Place of Birth (Street and Number) Campaige st 61 Baltimore

5. Full Name of Mother Elizabeth Dean

6. Mother's Maiden Name Elizabeth Dougherty

7. Mother's Birthplace Virginia

8. Full Name of Father James Thos Dean

9. Father's Occupation Carpenter

10. Father's Birthplace Cecil County Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Wile

Address No 12 Paterson Park avnue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8 1 2 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th of Dezember
4. *Place of Birth (Street and Number)* #84 S. Durham St.
5. *Full Name of Mother* Elizabeth Kemf
6. *Mother's Maiden Name* Elizabeth Shachman
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Adam Kemf
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Rinnstein Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Lederer

Address #23 S. Durham St.

Remarks

8425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th December
4. Place of Birth (Street and Number)	323 East Orleans st
5. Full Name of Mother	Anna Theiss
6. Mother's Maiden Name	Anna Loeninger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Emil Loeninger
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Essential Kunkel
Address 71	North Chappel st per John Kunkel
Remarks	Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 29th 1875.
4. Place of Birth (Street and Number)	20 n Lombard Street
5. Full Name of Mother	Laura Schulenberg
6. Mother's Maiden Name	L. Steer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Schulenberg
9. Father's Occupation	Carrier
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	56 Penn Street
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Famel

2. Race or Color (if not of the white race) white

3. Date of Birth December 29

4. Place of Birth (Street and Number) 160 N Henry St

5. Full Name of Mother Cristina Glenstein

6. Mother's Maiden Name Cristina Ganser (Germany)

7. Mother's Birthplace

8. Full Name of Father Jacob Glenstein

9. Father's Occupation Iron worker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Jane (Germany) Merker

Address

Remarks baby died of inward Spasms 24 hours old

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

8126

HEALTH DEPARTMENT JAN 3 1926 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 29 December 1875
4. *Place of Birth (Street and Number)* 43 Lexington St. Baltimore
5. *Full Name of Mother* Ida Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Daniel Berry
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Frederick, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

attended by Ellen Stubs.

RETURN OF A BIRTH.

81429

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 29th 1875

4. Place of Birth (Street and Number) 219 E Calvert

5. Full Name of Mother Jennie Thomas

6. Mother's Maiden Name Jennie Schwartz

7. Mother's Birthplace New York City

8. Full Name of Father Jno B Thomas

9. Father's Occupation Sugar Refiner

10. Father's Birthplace New York NY

Name of Medical Attendant, or other Person who makes this Return. Wm Kneass MD

Address 131 N Charles St

Remarks

Vital Records of the State of Maryland.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

T436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* American race
3. *Date of Birth* December 29. 1875
4. *Place of Birth (Street and Number)* Eden St # 21
5. *Full Name of Mother* Sophia Katharine Betz
6. *Mother's Maiden Name* " " " Hekenjon
7. *Mother's Birthplace* Darmstadt Europe
8. *Full Name of Father* Herman Betz
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Sachsin Europe

Name of Medical Attendant, or other Person who makes this Return. Max Rose M.D.

Address 48 Holland St. City

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8 11 31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) "2d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 Dec. 75
4. *Place of Birth (Street and Number)* 9 S. Green st
5. *Full Name of Mother* Da. Sidonia Frederica Fuchs
6. *Mother's Maiden Name* Da Sidonia Frederica Koehler
7. *Mother's Birthplace* Pittsburg Pa
8. *Full Name of Father* George Albrecht Fuchs
9. *Father's Occupation* Laborer in Saw mill
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. F. Heldmann M.D.

Address 120 Pearl st.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8 11.32

HEALTH DEPARTMENT JAN 2 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	29 of Dezember
4. Place of Birth (Street and Number)	No. 201 William St
5. Full Name of Mother	Anna Hartline
6. Mother's Maiden Name	Anna Rabling
7. Mother's Birthplace	Haflholzbach by Hannaber
8. Full Name of Father	John Hartline
9. Father's Occupation	Labber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

RETURN OF A BIRTH.

54.33

HEALTH DEPARTMENT
JAN 2 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 29th 1875.
4. Place of Birth (Street and Number)	15 Pennsylvania Ave
5. Full Name of Mother	Eliza Muckart
6. Mother's Maiden Name	Eliza La Porte
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos. A. Muckart
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G. W. Wiltenberger
Address	121 W. Monument St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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811311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7 1876
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 1

(state whether Male or Female) Male

e or Color (if not of the white race) Color

e of Birth December 29

ce of Birth (Street and Number) Shark's St 31

Name of Mother Elisabeth Abell

her's Maiden Name married woman Elisabeth Smith

her's Birthplace Calvert County

Name of Father Peter Smith

her's Occupation oyster Shucker

her's Birthplace City Balto

me of Medical Attendant, or other Person who makes this Return. Margret Sprigg

dress 31 Crackling Court

marks known, Difficult case

8 1135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 29
4. *Place of Birth (Street and Number)* 182 Ann St
5. *Full Name of Mother* Sophie Klein
6. *Mother's Maiden Name* " Herbig
7. *Mother's Birthplace* Baiern
8. *Full Name of Father* Christoph Klein
9. *Father's Occupation* Labor
10. *Father's Birthplace* Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Virginia Heidlage

Address 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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8436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 29th 1876
4. *Place of Birth (Street and Number)* No 152 E. Lombard Street
5. *Full Name of Mother* Carrie Scudieri
6. *Mother's Maiden Name* Jacopa Pastisi
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Peter Scudieri
9. *Father's Occupation* Steward Cutter
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Chas. Killgus

Address No 182 Monument street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5437

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Dec. 30th 1875

4. *Place of Birth* (Street and Number) 22 Wordyear St.

5. *Full Name of Mother* Mary ann Gabriella Howell

6. *Mother's Maiden Name* Le doyen

7. *Mother's Birthplace* Norfolk - Va

8. *Full Name of Father* Lloyd Henry Howell

9. *Father's Occupation* Cigar maker

10. *Father's Birthplace* Norfolk - Va

Name of Medical Attendant, or other Person who makes this Return. William H. Murray M.D

Address S. E. Cor. Patterson Ave. & Chatham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

81.35

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Female~~ 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 30 1875
4. *Place of Birth (Street and Number)* N 41. Chest alley
5. *Full Name of Mother* Laura Nolen
6. *Mother's Maiden Name* Laura Westland
7. *Mother's Birthplace* Wakefeild Carrall County
8. *Full Name of Father* Levis Nolen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Fredrick m. d

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 30
4. Place of Birth (Street and Number)	13 Oxford Street
5. Full Name of Mother	Virginia Winder
6. Mother's Maiden Name	Virginia Thurgurson
7. Mother's Birthplace	Frederick Co Md
8. Full Name of Father	John Thomas Winder
9. Father's Occupation	Waiter
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	No 42 Sharpe St Alley
Remarks	

RETURN OF A BIRTH.

8440

HEALTH DEPT. JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth december 30 1875

4. Place of Birth (Street and Number) 40 court st

5. Full Name of Mother margt dood

6. Mother's Maiden Name margt baden

7. Mother's Birthplace baltimo county

8. Full Name of Father joseph dood

9. Father's Occupation labrer

10. Father's Birthplace balt mor city

Name of Medical Attendant, or other Person who makes this Return. Rachel Garrett

Address 435 alice anna st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 11 11

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 30. 1875
4. Place of Birth (Street and Number)	# 132 N. Broadway
5. Full Name of Mother	Emma Jane Smith
6. Mother's Maiden Name	" " Fuller
7. Mother's Birthplace	Springfield, Ohio.
8. Full Name of Father	Adam E. Smith
9. Father's Occupation	U. S. Mail Contractor
10. Father's Birthplace	Pittsburg, Pa.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

81112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31th December 1875
4. Place of Birth (Street and Number)	No 179 Penna Ave
5. Full Name of Mother	Louisa Kopp
6. Mother's Maiden Name	Louisa Stumpf
7. Mother's Birthplace	Oberamt Bessigheim Wirtenberg
8. Full Name of Father	Andreas Kopp
9. Father's Occupation	Restaurant
10. Father's Birthplace	Oberndorf Wirtenberg
Name of Medical Attendant, or other Person who makes this Return.	Midwife Mrs Dunker
Address	No 60 Schroeder Street
Remarks	healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

811113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decr. 30th 75
4. Place of Birth (Street and Number)	Canton ave No 502
5. Full Name of Mother	Mary Barton
6. Mother's Maiden Name	Mary Kirby
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Patrick Barton
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allicé Anna st.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8 11 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 30/75
4. Place of Birth (Street and Number)	Patterson park st No 112
5. Full Name of Mother	Johanna Stone
6. Mother's Maiden Name	Johanna Helm
7. Mother's Birthplace	Heimer Germ
8. Full Name of Father	Henry Stone
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Hanover Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Patterson Pl
Remarks	320 Alice Anna st

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

51115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7 A. M. 30th December 1875.

4. Place of Birth (Street and Number) No 13 St. Paul's Pl. Baltimore

5. Full Name of Mother Mary Catharine Smith

6. Mother's Maiden Name Mary Catharine Lutz

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Edward Smith

9. Father's Occupation Shoemaker

10. Father's Birthplace Philadelphia Penna

Name of Medical Attendant, or other Person who makes this Return. Dr. S. Smith Jun.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 30th 1875
4. Place of Birth (Street and Number)	55 9th N Eutaw Street
5. Full Name of Mother	Flora Virginia Davis
6. Mother's Maiden Name	Flora Virginia Stainsbough
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Clay Davis
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml O. Powell MD
Address	No 29 Augusta Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

8411-7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH
JAN
4
1876
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 30
4. *Place of Birth (Street and Number)* 244 Eden
5. *Full Name of Mother* Mary M Harrison
6. *Mother's Maiden Name* Mary M Green
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Robert E Harrison
9. *Father's Occupation* Painter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrisemer

Address 129 E Monument St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

8 11 11

HEALTH JAN 4 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30th of December
4. *Place of Birth (Street and Number)* 15 Hudson Alley
5. *Full Name of Mother* Eliza Waldemaier Klein
6. *Mother's Maiden Name* Pennsylvania
7. *Mother's Birthplace* John Waldemaier
8. *Full Name of Father* Brakeman
9. *Father's Occupation* Pennsylvania
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8 1117

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 31st 1875 10. 11 P. M.

4. *Place of Birth* (Street and Number) No 26 4th Pearl St

5. *Full Name of Mother* Eliza Braine Levy

6. *Mother's Maiden Name* E. B. Minis

7. *Mother's Birthplace* New York City N Y

8. *Full Name of Father* Herman Meniah Levy

9. *Father's Occupation* Hat Store

10. *Father's Birthplace* Posen Prussia

Name of Medical Attendant, or other Person who makes this Return. Penfield M. Hewlett M.D.

Address No 203 N. Paca St

Remarks Dau Both

Extract from Section 12 of the Ordinance for the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8 1130

HEALTH DEPARTMENT
JAN
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 30th 1875 10.30 P.M.
4. *Place of Birth* (Street and Number) No 29 E. Pratt St.
5. *Full Name of Mother* Eliza Brain Levy
6. *Mother's Maiden Name* E. B. Minsker
7. *Mother's Birthplace* New York City N.Y.
8. *Full Name of Father* Meirian H. Levy
9. *Father's Occupation* Slate Stone
10. *Father's Birthplace* Posen Prussia

Name of Medical Attendant, or other Person who makes this Return. Franklin M. Hinkle M.D.

Address No 203 N. Liberty St.

Remarks Plus a Bath

RETURN OF A BIRTH.

8457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Dec 30th 1875

4. *Place of Birth (Street and Number)* # 26 Liberty st.

5. *Full Name of Mother* Kate Eggert

6. *Mother's Maiden Name* Emmert

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* Chas Eggert

9. *Father's Occupation* Porter

10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return Henry Koch

Address 528 South Eutaw st

Remarks

Post Record of Vital Statistics in the City of Baltimore.

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40 51.

8452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	10 te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 30. 1875
4. Place of Birth (Street and Number)	Nord Durhamstr 9.
5. Full Name of Mother	Maria Eichhorn
6. Mother's Maiden Name	Maria Fleindinst
7. Mother's Birthplace	Warschington
8. Full Name of Father	Georg Eichhorn
9. Father's Occupation	Tuchmacher
10. Father's Birthplace	Breitershausen Baden
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Bomgrach
Address	South Wolfstr 28
Remarks	Wendwife

HEALTH DEPT. JAN. 1976 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

81153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Jewish race
3. *Date of Birth* December 30. 1875
4. *Place of Birth (Street and Number)* Harrison St # 37
5. *Full Name of Mother* Jennie Mag
6. *Mother's Maiden Name* " Schiller
7. *Mother's Birthplace* Poles Europe
8. *Full Name of Father* Wolf. Mag
9. *Father's Occupation* Glazier
10. *Father's Birthplace* Poles Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Helbig

Address 45 Holland St Baltimore Md.

Remarks

RETURN OF A BIRTH.

8 11511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 of December.
4. Place of Birth (Street and Number)	No. 227. William St.
5. Full Name of Mother	Katherine Nagel.
6. Mother's Maiden Name	Katherine Smith.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Nagel.
9. Father's Occupation	Clothing Cutting
10. Father's Birthplace	Bürhenbach Bonery.
Name of Medical Attendant, or other Person who makes this Return.	Miles Moulton
Address	West St. No 128.
Remarks	

Vest Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Records of Vital Statistics the City of Baltimore.

RETURN OF A BIRTH.

54355

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 5 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 31st 1878

4. Place of Birth (Street and Number) 2 Warner st

5. Full Name of Mother Mary King Gleason

6. Mother's Maiden Name

7. Mother's Birthplace Ireland

8. Full Name of Father John King

9. Father's Occupation Gatherer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. M H Cinney

Address 76 Paca st

Remarks

8145.6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE. MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	December 31st 1875
4. *Place of Birth (Street and Number)*	No. 224 Henrietta St.
5. *Full Name of Mother*	Susan Lavinia Butler
6. *Mother's Maiden Name*	Susan Lavinia Mitchell
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James Henry Butler
9. *Father's Occupation*	Preacher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Wannebergen
Address	23 N. Liberty St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
6
1876
BALTIMORE.

No. of Child of Mother (*state whether ~~1st~~, 2d, ~~3d~~, &c.*)

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 31st December 1875
4. *Place of Birth* (*Street and Number*) Res. 348 W. Lombard St
5. *Full Name of Mother* Susie E. Cochrane
6. *Mother's Maiden Name* " " Pritchett
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father* George E. Cochrane
9. *Father's Occupation* Railroad Car Conductor
10. *Father's Birthplace* Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Rinell M. D

Address Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4tes Child

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth December 31th 1875

4. Place of Birth (Street and Number) Park St. No 8

5. Full Name of Mother Karolina Ludwig

6. Mother's Maiden Name Karolina Beibel

7. Mother's Birthplace Baltimore City

8. Full Name of Father Theodor Ludwig

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26,

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 31st 1875
4. Place of Birth (Street and Number)	Bank Street No 318
5. Full Name of Mother	Laura. Virginia, Fowler.
6. Mother's Maiden Name	" " " Higby.
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	John. Poke. Fowler
9. Father's Occupation	Measureman of Oysters
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Wiley
Address	10 12 Paterson Park ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Records of Vital Statistics of the City of Baltimore.

Fee Received by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8460

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	31st December 1875
4. Place of Birth (Street and Number)	60 Barre st
5. Full Name of Mother	Mary Beran
6. Mother's Maiden Name	Mary Mc Caffrey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nicholas Beran
9. Father's Occupation	Clerk
10. Father's Birthplace	Anne Arundel Co Md.
Name of Medical Attendant, or other Person who makes this Return.	A M Welch for Mrs
Address	57 Barre st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

F 1161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).	1st "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 31th " 1875.
4. Place of Birth (Street and Number)	Bradford alley Nº 37
5. Full Name of Mother	Cathern Snyder
6. Mother's Maiden Name	Cathern Haslup
7. Mother's Birthplace	Hanover Germ.
8. Full Name of Father	Charles Snyder
9. Father's Occupation	Laborer
10. Father's Birthplace	Schweitz.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	Nº 320 allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5462

BOARD OF HEALTH
JAN 3
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th 1

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 21st of December

4. *Place of Birth (Street and Number)* 68 S. Caroline St.

5. *Full Name of Mother* Sofia Emmrich

6. *Mother's Maiden Name* Sofia Brinn

7. *Mother's Birthplace* Quakenbrück Hanover

8. *Full Name of Father* G. H. Emmrich

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Quakenbrück Hanover

Name of Medical Attendant, or other Person who makes this Return. H. Lodemer

Address # 28 S. Durham St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 3 1876
BALTIMORE

8468

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colord

3. Date of Birth dec 21

4. Place of Birth (Street and Number) 62 orleans st

5. Full Name of Mother florance Brazier

6. Mother's Maiden Name un married

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs lear fatman

Address no 32 short st

Remarks delicate child

81461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 31st 1875.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th 1

1. *Sex (state whether Male or Female)* ~~Male~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 31st 1875
4. *Place of Birth (Street and Number)* No. 65 Lancaster St.
5. *Full Name of Mother* Stacia Ginek
6. *Mother's Maiden Name* Stacia Kubicleska
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Ginek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. A. Arnold

Address No. 137 S. Wolfe St.

Remarks ——

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 31st 1875.

JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 31st 1875
4. *Place of Birth (Street and Number)* No. 198 S Dukeman St.
5. *Full Name of Mother* Carrie Pitcher
6. *Mother's Maiden Name* Carrie Schick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Pitcher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Nos. 16 Amend

Address No. 187 S Wolfe St.

Remarks

Red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	24 Dec 1875
4. Place of Birth (Street and Number)	31 Eden st Balt Md
5. Full Name of Mother	Laura Daniels
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Balt Md
8. Full Name of Father	W W Daniels
9. Father's Occupation	Dentist
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson M D
Address	28 Franklin st Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8467

HEALTH DEPT
JAN
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 31st December

4. *Place of Birth (Street and Number)* 167 William St.

5. *Full Name of Mother* Julia Wagner.

6. *Mother's Maiden Name* " Winter

7. *Mother's Birthplace* Bavaria

8. *Full Name of Father* Geo. Wagner.

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Kur Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 922 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

5468

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN 3 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 31 - 1875
4. Place of Birth (Street and Number)	154 Preston St
5. Full Name of Mother	Susan Rebecca Jefferson
6. Mother's Maiden Name	nee Hammond
7. Mother's Birthplace	Calvert Co.
8. Full Name of Father	John Wesley Jefferson
9. Father's Occupation	Waiter
10. Father's Birthplace	Calvert Co.
Name of Medical Attendant, or other Person who makes this Return.	J. E. Atkinson
Address	209 W. Biddle St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

81169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 4 1876
BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec: 31st: 1875
4. Place of Birth (Street and Number)	136 Mosher Street
5. Full Name of Mother	E. V. Correll
6. Mother's Maiden Name	E. V. Blair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	S. D. Correll
9. Father's Occupation	Clerk
10. Father's Birthplace	Winchester - Virginia
Name of Medical Attendant, or other Person who makes this Return.	W. H. Johnson M.D.
Address	"
Remarks	

8-11-70

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 31 December 1875

4. Place of Birth (Street and Number) Eastern Av Hartman

5. Full Name of Mother 1827 Ruth E ~~Hartman~~ Richman

6. Mother's Maiden Name ~~Hartman~~

7. Mother's Birthplace Baltimore

8. Full Name of Father Frederick Hartman

9. Father's Occupation Lager brewer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dunbar

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Boy 2d child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 31 December

4. *Place of Birth (Street and Number)* 54 W. Lee & N. St

5. *Full Name of Mother* Anna Swedin

6. *Mother's Maiden Name* Anna Swedin

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Roger Bryant

9. *Father's Occupation* Machine Operator Sewing

10. *Father's Birthplace* Boughermills Sweden

Name of Medical Attendant or other Person who makes this Return. Dunlea

Address

Remarks

RETURN OF A BIRTH.

8472

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 31st 1875
4. Place of Birth (Street and Number)	No 133 Bank St
5. Full Name of Mother	Mary Ann Ryan
6. Mother's Maiden Name	Mary Ann Wade
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Ryan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	195 South Chester St
Remarks	Healthy Child

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 31st 1875
4. Place of Birth (Street and Number)	367 N. Broadway
5. Full Name of Mother	Virginia Ann Means
6. Mother's Maiden Name	Virginia Ann Deneen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Francis Means.
9. Father's Occupation	Picture Frame Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	281 McDonogh st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1

8 4.711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	December 31st 1875.
4. Place of Birth (Street and Number)	No. 119 North Bond Street Balt.
5. Full Name of Mother	Emma Belle McDonald.
6. Mother's Maiden Name	Emma Belle Thompson.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Martin McDonald.
9. Father's Occupation	Chief Engineer.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford.
Address	No. 160 North Bond St.
Remarks	

8475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT OF HEALTH
JAN 9 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Born Dec 31st 1875
4. Place of Birth (Street and Number)	146 East 2d
5. Full Name of Mother	Sophia Mary Louisa Schumann
6. Mother's Maiden Name	Sophia Mary Louisa Meinecke
7. Mother's Birthplace	Spitze Ehrstagen Hannover
8. Full Name of Father	Frederick Schumann
9. Father's Occupation	Boot Maker
10. Father's Birthplace	Grohn Hannover
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 31 1875.
4. *Place of Birth (Street and Number)* 40 S Bond St
5. *Full Name of Mother* Mary Anna Elbert
6. *Mother's Maiden Name* " " Kobbs
7. *Mother's Birthplace* Oldenburg
8. *Full Name of Father* Johann Anton Elbert
9. *Father's Occupation* Schoe Maker
10. *Father's Birthplace* Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Reginal Hinchaye

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	January 1st 1876
Place of Birth (Street and Number)	No 226 N Caroline st Balto
Full Name of Mother	Euphemia Naylor
Maiden Name	" Myers
7. Mother's Birthplace	Balto Md'a
8. Full Name of Father	Henry L Naylor
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto Md'a
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andrews
Address	No 121 E Balto st
Remarks	

I, the undersigned, Physician, Midwife, or other person who attended the birth stated above, do hereby certify that I attended the birth of my child, within the City of Baltimore, as the registrar above has correctly the date of birth of the child or children, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5475

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jany. 1. 1876
4. Place of Birth (Street and Number)	19 Hillst
5. Full Name of Mother	Elizabeth Ann Armiger
6. Mother's Maiden Name	Elizabeth Tanner
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Armiger
9. Father's Occupation	Mate of Steamboat
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H W Webster
Address	57 Bank
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8479

HEALTH DEPARTMENT
JAN
7
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 1st 1876

4. Place of Birth (Street and Number) 130 N. Biddle St

5. Full Name of Mother Mary G. Wilson

6. Mother's Maiden Name " " Stinnan

7. Mother's Birthplace Baltimore

8. Full Name of Father John A. Wilson

9. Father's Occupation Plumber

10. Father's Birthplace Cecil Co Md

Name of Medical Attendant, or other Person who makes this Return. B. B. Williams

Address 201 Madison Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

81180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 1st 1876
4. Place of Birth (Street and Number)	286 McDonogh St
5. Full Name of Mother	Sarah Francis Fogle
6. Mother's Maiden Name	Sarah Francis Bowen
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Frost Fogle
9. Father's Occupation	Painter
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 McDonogh st
Remarks	

Rule of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5-4451

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT OF HEALTH JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) 1- Colrd
3. *Date of Birth* Dec 1 1876
4. *Place of Birth* (Street and Number) Peach Alley near Hamburg
5. *Full Name of Mother* Amely Anderson
6. *Mother's Maiden Name* Meadows Robson
7. *Mother's Birthplace* West river
8. *Full Name of Father* John Clash
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return. Peach Alley

Address No 42

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8452

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE JAN 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth child 3d child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* 1st of January 16 minutes 3 o'clock
4. *Place of Birth* (Street and Number) X Alley No 7
5. *Full Name of Mother* Elizabeth Ashton
6. *Mother's Maiden Name* Elizabeth Smith
7. *Mother's Birthplace* Talbot Co. Maryland
8. *Full Name of Father* Charles Ashton
9. *Father's Occupation* Dissolute
10. *Father's Birthplace* West Moland Co Va.

Name of Medical Attendant, or other Person who makes this Return. Charity Brown

Address 192 Winter street

Remarks She fell down the steps about two minutes after it was born

8.1.8.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Coled
3. Date of Birth	January 1876
4. Place of Birth (Street and Number)	redman court No 5
5. Full Name of Mother	Eliza Montgomery
6. Mother's Maiden Name	Eliza dickson
7. Mother's Birthplace	talbot County
8. Full Name of Father	George dickson
9. Father's Occupation	oyster shucker
10. Father's Birthplace	talbot county
Name of Medical Attendant, or other Person who makes this Return.	Marie Slater
Address	Midwife
Remarks	Kings street 191

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8484

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 11/16
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1 4/4 of Jan. 1876
4. Place of Birth (Street and Number)	No 1 Union Court
5. Full Name of Mother	Henry Gilard
6. Mother's Maiden Name	Kandy Johnson
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	James Gilard
9. Father's Occupation	Baltimore City Sailor work
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 No Caroline St
Remarks	

8455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	first of January.
4. Place of Birth (Street and Number)	No 238. Baltimore Avenue
5. Full Name of Mother	Anna Wachtar.
6. Mother's Maiden Name	Anna Mantar
7. Mother's Birthplace	Sundalsharre in Birsin
8. Full Name of Father	Lorenz Wachtar
9. Father's Occupation	Laborer Worke.
10. Father's Birthplace	Grofandarf in Birsin.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West, St. No 128
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8456

RETURN OF A BIRTH.

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* January 1st

3. *Date of Birth* #5 Monument

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother* Mary Barris

6. *Mother's Maiden Name* Mary Dunn

7. *Mother's Birthplace* Baltimore Md D

8. *Full Name of Father* James J Barris

9. *Father's Occupation* Machinist

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A Chrismer

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 / 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 January 1876
4. *Place of Birth (Street and Number)* Baltimore Bond st No 280
5. *Full Name of Mother* Catherine Gang
6. *Mother's Maiden Name* Catherine Shilling
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* Mikel Gang
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Germaney

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrismer

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

81188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 4 1876 BALTIMORE, MD.

D

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ...

1. Sex (~~state whether~~ Male ~~or Female~~) White

2. Race or Color (if not of the white race) ...

3. Date of Birth January 1st 1876.

4. Place of Birth (Street and Number) 1 Watkins Ct.

5. Full Name of Mother Fannie Neitman,

6. Mother's Maiden Name ...

7. Mother's Birthplace Balto City,

8. Full Name of Father Wm A Neitman,

9. Father's Occupation Merchant,

10. Father's Birthplace Hessen, Germany,

Name of Medical Attendant, or other Person who makes this Return. John T. H. Krogh M.D.

Address ...

Remarks ...

Per Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8189

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
5
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 1st 1876
4. Place of Birth (Street and Number)	No 339 Hamburg st.
5. Full Name of Mother	Margarethe Fick
6. Mother's Maiden Name	Sohl
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Fick
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwabser midwife
Address	213 Rose st,
Remarks	

RETURN OF A BIRTH.

8490

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 children
1. *Sex* (state whether Male or Female)	Last a boy
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	first of January 1876
4. *Place of Birth* (Street and Number)	364 East Orleans st
5. *Full Name of Mother*	Mary Fiddes
6. *Mother's Maiden Name*	Mary Carol
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Silen Carol
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	England Liverpool
Name of Medical Attendant, or other Person who makes this Return.	Cressy Tig Attended
Address	71 Northampton st
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8491

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2d

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) colord
3. *Date of Birth* janary 1th
4. *Place of Birth* (*Street and Number*) 47 durham st
5. *Full Name of Mother* Mary Bishop
6. *Mother's Maiden Name* Balto Marland
7. *Mother's Birthplace*
8. *Full Name of Father* Willian Henson
9. *Father's Occupation* steve door
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Parks Lyle

Address 247 Allen st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5192

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	first day of January
4. Place of Birth (Street and Number)	Tessier Street No 18
5. Full Name of Mother	Martha J Herbert
6. Mother's Maiden Name	Martha J Green
7. Mother's Birthplace	Howard County
8. Full Name of Father	John Herbert
9. Father's Occupation	Jugiter
10. Father's Birthplace	Norfolk Virginia
Name of Medical Attendant, or other Person who makes this Return.	Fanny Dutton
Address	No 824 St Mary street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8193

HEALTH DEPARTMENT JAN 3 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 1st 1915
4. Place of Birth (Street and Number)	No 329 Eastchester ave New Gay.
5. Full Name of Mother	Margaret Kümmel
6. Mother's Maiden Name	v Mosser
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gustavus A. Kümmel
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D
Address	88 N Eutaw Street
Remarks	normal labor.

RETURN OF A BIRTH.

8491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1876
4. Place of Birth (Street and Number)	Ellicott St No 34
5. Full Name of Mother	Elizabeth Kolb
6. Mother's Maiden Name	Elizabeth Lang
7. Mother's Birthplace	Prussia Germ
8. Full Name of Father	Herman Kolb
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Midwife
Remarks	320 Allen Ann st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9.8495

[redacted]

See next Number

[redacted]

Written in Vol-1 - as G. M Lott.

8496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	1. January 1876.
4. Place of Birth (Street and Number)	No. 5. Burk St. lead town.
5. Full Name of Mother	Mary Scott.
6. Mother's Maiden Name	Mary Rohl.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Joerge Scott.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner.
Address	No. 29. Elezabeth Lane.
Remarks	

Fee Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8497

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1876
4. Place of Birth (Street and Number)	137 North Broadway
5. Full Name of Mother	Mrs. Anna L. Little
6. Mother's Maiden Name	Miss Anna Leigh Milan
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Robert W. Little
9. Father's Occupation	Inspector of Cotton
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return,	W. H. Goodwin M.D.
Address	No. 93 North Broadway
Remarks	

8498

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Carrie Griefzu

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 1st. 11.30 A. M. 1876
4. *Place of Birth* (Street and Number) 337 Eutaw Avenue
5. *Full Name of Mother* Margaret Griefzu
6. *Mother's Maiden Name* Margaret Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Griefzu
9. *Father's Occupation* Cigar Manufactory
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 299 E Baltimore St.

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8499

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth January 1st 1876

4. Place of Birth (Street and Number) 17 Perkins Alley

5. Full Name of Mother Agnes Neal

6. Mother's Maiden Name " "

7. Mother's Birthplace West River Md.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. W. E. Moseley M.D.

Address 169 W. Biddle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 1st 1876.

4. Place of Birth (Street and Number) Center Front & Gay Sts.

5. Full Name of Mother Mary Wolf

6. Mother's Maiden Name Mary Gager

7. Mother's Birthplace Toronto Canada

8. Full Name of Father Wesley E. Wolf

9. Father's Occupation Plasterer

10. Father's Birthplace Lativan Co. Pa.

Name of Medical Attendant, or other Person who makes this Return.

Address W. E. Mosley 169 W. Biddle St.

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 1st 1876.
4. Place of Birth (Street and Number)	630 n. Fayette Street.
5. Full Name of Mother	Mary Bell Jones
6. Mother's Maiden Name	M. Bell Long
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Jones
9. Father's Occupation	agent
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Carlton Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8502

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 1st 1876.
4. Place of Birth (Street and Number)	298 n. Gratt Street
5. Full Name of Mother	Charlotte Graf
6. Mother's Maiden Name	Ch. Vocke
7. Mother's Birthplace	Prussian
8. Full Name of Father	C. Louis Graf
9. Father's Occupation	Tavern
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56. Pearl Street
Remarks	

8503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 of January
4. Place of Birth (Street and Number)	Baltimore Brune street No 1
5. Full Name of Mother	Babette Reitz
6. Mother's Maiden Name	Babette Mehrlein
7. Mother's Birthplace	Germanny
8. Full Name of Father	Jacob Reitz
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germanny
Name of Medical Attendant, or other Person who makes this Return.	Miss Anna Lindner
Address	No 45 Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

5504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 1st January 1876
4. *Place of Birth* (Street and Number) 39 Aliceanna St.
5. *Full Name of Mother* Mary Ellen
6. *Mother's Maiden Name* Hagan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U. S. of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Records of Vital Statistics in the City of Baltimore.

8505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st January 1876
4. *Place of Birth (Street and Number)* 42 Lombard
5. *Full Name of Mother* Sophie Bernardi Bocny
6. *Mother's Maiden Name* " Kautz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Bernardi Bocny
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Wm. Carpin

Address 72 E. Lombard St.

Remarks

Penalty of Not Making Returns to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8506

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 1
4. Place of Birth (Street and Number)	Baltimore Ramsey st 364
5. Full Name of Mother	Sarah pathize ~~England~~
6. Mother's Maiden Name	
7. Mother's Birthplace	inglaind
8. Full Name of Father	Wallam lancaster
9. Father's Occupation	night work
10. Father's Birthplace	Baltimy
Name of Medical Attendant, or other Person who makes this Return.	mahlet swift manhow st
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 2 January 1876
4. *Place of Birth* (Street and Number) wilk st 108
5. *Full Name of Mother* Emma Smith
6. *Mother's Maiden Name* what Kins
7. *Mother's Birthplace* Annie Reinels County
8. *Full Name of Father* ~~Prof Chas Smith~~ ~~Annie Reinels County~~
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Annie Reinels County

Name of Medical Attendant, or other Person who makes this Return. Lochwalker

Address

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 2nd 1876
4. Place of Birth (Street and Number)	No 54 Lemyan St.
5. Full Name of Mother	Mary Catherine Morrison
6. Mother's Maiden Name	Mary C. Fitzsimmons
7. Mother's Birthplace	Parkatan. Co.
8. Full Name of Father	James Morrison
9. Father's Occupation	Brakesman on the B & O R.R.
10. Father's Birthplace	County of Ireland
Name of Medical Attendant, or other Person who makes this Return.	M. J. Scahan. Midwife
Address	382 West Mt. Vernon St.
Remarks	Health of Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 2nd 1876
4. Place of Birth (Street and Number)	231 Eden St
5. Full Name of Mother	Amelia Catherine White
6. Mother's Maiden Name	Amelia Catherine Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis White
9. Father's Occupation	Black-smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	256 Mc Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8570

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether Male or Female)* Female Robert Siebert
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 2d 1876.
4. *Place of Birth (Street and Number)* S. Central Av. No. 52.
5. *Full Name of Mother* Louise Siebert
6. *Mother's Maiden Name* Louise Faiglich
7. *Mother's Birthplace* Nackel N. Reussen Germany
8. *Full Name of Father* Constantin Siebert
9. *Father's Occupation* none
10. *Father's Birthplace* Mönchberg N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE
JAN 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 2d " 76
4. Place of Birth (Street and Number)	Cambridge St No 340
5. Full Name of Mother	Mathilda Erxman
6. Mother's Maiden Name	Mathilda Stange
7. Mother's Birthplace	Schlusselburg Germ
8. Full Name of Father	Herman Erxman
9. Father's Occupation	Baker
10. Father's Birthplace	Westphalia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Baltimore Md
Remarks	320 Allie Anne st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8.512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colerd
3. *Date of Birth* January 2 1876
4. *Place of Birth* (Street and Number) Harison court No 6
5. *Full Name of Mother* frances Lonry
6. *Mother's Maiden Name* frances Smith
7. *Mother's Birthplace* Colbert county
8. *Full Name of Father* Thomas Smith
9. *Father's Occupation* Sailor by trade
10. *Father's Birthplace* Colbert county

Name of Medical Attendant, or other Person who makes this Return. Garis Potter

Address Mitchell

Remarks House street 191

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany. 2nd 1876
4. Place of Birth (Street and Number)	124 Fort Avenue
5. Full Name of Mother	Maggie Ford
6. Mother's Maiden Name	Maggie Walters
7. Mother's Birthplace	Elkridge Landing, Md.
8. Full Name of Father	— Ford
9. Father's Occupation	Sailor
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	C. S. Webb M. D.
Address	429 Light St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8514

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 276 Wright Alley
4. Place of Birth (Street and Number)	Jan 2nd 1876
5. Full Name of Mother	Elizabeth Spriegeng
6. Mother's Maiden Name	Elizabeth Shiver
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernard Spriegeng
9. Father's Occupation	Can maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Grey
Address	193 South Chester St
Remarks	Healthy Child

6, 52.

8515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 te
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 2. 1876.
4. Place of Birth (Street and Number)	South Hoestetstr 6.
5. Full Name of Mother	Katharina Wüfsner
6. Mother's Maiden Name	Katharina Müller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wüfsner
9. Father's Occupation	Paenter
10. Father's Birthplace	Student. Bierm
Name of Medical Attendant, or other Person who makes this Return.	Ws. Johannis Rosenwich
Address	South Wolfstr 28
Remarks	Lindrife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, &c.~~) .....

1. *Sex* (state whether Male ~~or Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 2d 1876
4. *Place of Birth* (Street and Number) 154 N. Schroeder
5. *Full Name of Mother* Sarah L. Clarke.
6. *Mother's Maiden Name* " " Kemp
7. *Mother's Birthplace* Boston Mass
8. *Full Name of Father* Albert S. Clarke
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Boston Mass

Name of Medical Attendant, or other Person who makes this Return. A. L. Shannahan M.D.

Address 37 N. Schroeder

Remarks

RETURN OF A BIRTH.

8517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 2 1876
4. Place of Birth (Street and Number)	370 eastern ave
5. Full Name of Mother	Maria Winks
6. Mother's Maiden Name	Mcmacken
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Samuel winks
9. Father's Occupation	pump maker
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Rachel a garrett
Address	No 436 alice anna st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5518

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	2 janary
4. Place of Birth (Street and Number)	12 Mo Rubbin Stred
5. Full Name of Mother	Mary frances butler
6. Mother's Maiden Name	Mrs butlas
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Natel hicks
9. Father's Occupation	labor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sarp byle
Address	247 Allean
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 3 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	american Race
3. Date of Birth	January 2. 1876
4. Place of Birth (Street and Number)	Lombard St # 330.
5. Full Name of Mother	Margaretta Schitz.
6. Mother's Maiden Name	" " " " Otto
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Wendelyn Schitz.
9. Father's Occupation	Tinner
10. Father's Birthplace	Baden-G
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Helbig
Address	48 Holland St Baltimore Md.
Remarks	

RETURN OF A BIRTH.

8520

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 2d 1876
4. *Place of Birth (Street and Number)* S. W Cor Charles & Read sts
5. *Full Name of Mother* Helen S. Ridgely
6. *Mother's Maiden Name* Helen Stewart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Ridgely
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F S Chatard M.D

Address N 114 Park Avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 2d 1876
4. *Place of Birth (Street and Number)* S. W. Corner Druid Hill Ave & Ulman St
5. *Full Name of Mother* Mary E. McKenna
6. *Mother's Maiden Name* Mary E. Kerwin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas McKenna
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Co. Monaghan Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M. D

Address N 114 Park Avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 27th 1876

4. Place of Birth (Street and Number) Md Lying in Asylum

5. Full Name of Mother Connie Lilly

6. Mother's Maiden Name " Johnson

7. Mother's Birthplace Md

8. Full Name of Father Asa Smith

9. Father's Occupation Waterman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. N. Guibord M.D.

Address

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8523

HEALTH DEPARTMENT JAN 13 1896 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 2d 1896
4. Place of Birth (Street and Number)	Christopher & Canton
5. Full Name of Mother	Eberline Füller Eberlein
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany.
8. Full Name of Father	John G. Füller
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary E Timms
Address	# 178 S Chapel St. F B
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

85211

JAN 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male White
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 2d 1876
4. Place of Birth (Street and Number)	120 Lee st
5. Full Name of Mother	Maria - Purcell
6. Mother's Maiden Name	" Roberts
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Purcell
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Laura A Lewis
Address	162 Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

8525

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 2nd. 1876.
4. Place of Birth (Street and Number)	No 443 Hamburg St.
5. Full Name of Mother	Elvira Hissey.
6. Mother's Maiden Name	Elvira Spriggs.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John A. Hissey.
9. Father's Occupation	Carter.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy St.
Remarks	non.

RETURN OF A BIRTH.

8526

BIRTH DEPARTMENT
JAN
9
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second -

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan'y 2nd 1876

4. Place of Birth (Street and Number) 218 Division St

5. Full Name of Mother Mary Elizabeth Russell Snyder

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Hamilton Russell

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	2 January 1876
4. Place of Birth (Street and Number)	149 E. Lombart St.
5. Full Name of Mother	Katharina Fraulich
6. Mother's Maiden Name	" Albrecht
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Fraulich
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Shatt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3rd 1876
4. Place of Birth (Street and Number)	276 North Bond Street
5. Full Name of Mother	Mary E. Hazelip
6. Mother's Maiden Name	Mary E Whitlock
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Benjamine M Hazelip
9. Father's Occupation	Coach Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	327 E. Monument Street
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Janry 3d 1876
4. Place of Birth (Street and Number)	136 W. Hoffman St.
5. Full Name of Mother	Eliza B. Suman.
6. Mother's Maiden Name	Eliza B. Pitt.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jn°. G. Suman.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	Jn°. F. Powell. M.D.
Address	72 E. Pratt St.
Remarks	Child's Physical condition favorable.

8590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3rd January 76
4. *Place of Birth (Street and Number)* 94 S. Athenia Ave.
5. *Full Name of Mother* Caroline Dickhaut
6. *Mother's Maiden Name* Carolina Bin
7. *Mother's Birthplace* Prussia Germany
8. *Full Name of Father* George Dickhaut
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. M. Federer

Address # 28 S. Durham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8531

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 2 d. Januar 1876

4. Place of Birth (Street and Number) Fores stret

5. Full Name of Mother Luise Durke

6. Mother's Maiden Name Celle

7. Mother's Birthplace Germane

8. Full Name of Father Ernst Durke

9. Father's Occupation Clerk

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R Rudriger

Address 134 N. Bond stert

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, unto or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5532

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* d. 3d January 1876
4. *Place of Birth (Street and Number)* 210 N. Gay Street
5. *Full Name of Mother* Maria Schreiter
6. *Mother's Maiden Name* Letzenberger
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Richard Schneider
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address N. 134 Bond Street

Remarks

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rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3d
4. Place of Birth (Street and Number)	N. High St No 91
5. Full Name of Mother	Mary Dooley
6. Mother's Maiden Name	Mary Conley
7. Mother's Birthplace	America
8. Full Name of Father	Michel Dolen
9. Father's Occupation	labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	Albemarle st No 14
Remarks	healthy

85311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3rd 1876
4. *Place of Birth (Street and Number)* N. Bond St. No 235
5. *Full Name of Mother* Maria Schneider
6. *Mother's Maiden Name* Maria Stein
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Adam Schneider
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8535

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 5th 1876.
4. Place of Birth (Street and Number)	No 163 South Wolfe Street.
5. Full Name of Mother	Apalonia Müller.
6. Mother's Maiden Name	" " Tryfuss.
7. Mother's Birthplace	Germany.
8. Full Name of Father	George Müller
9. Father's Occupation	Plumbing.
10. Father's Birthplace	Germany.
Name of Medical Attendant or other Person who makes this Return.	Dorothea Hoffmann.
Address	175 South Eden Street.
Remarks	

RETURN OF A BIRTH.

8536

RECEIVED
JAN
5
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male ~~or Female~~) [illegible]

2. Race or Color (if not of the white race) White

3. Date of Birth January 3rd 1876

4. Place of Birth (Street and Number) 130 Scott St—

5. Full Name of Mother Matilda Owen Burley

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Balto City

8. Full Name of Father William Owen

9. Father's Occupation Brakman B & O RR,

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. M H Conrey

Address 76 N Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN.
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* January 3rd
4. *Place of Birth* (Street and Number) no 228 N. Caroline Street
5. *Full Name of Mother* Mary Alice McCarl
6. *Mother's Maiden Name* Clarke
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* James H. McCarl
9. *Father's Occupation* Ship Plumber
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kleuber M.D

Address no 222 N. Broadway

Remarks

8538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3d 1876
4. Place of Birth (Street and Number)	№ 196 Riverside avenue
5. Full Name of Mother	Sallie J. Young
6. Mother's Maiden Name	Sallie J. Rutter
7. Mother's Birthplace	Maryland
8. Full Name of Father	Capt Phillip Young
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Hoblitzell
Address	17 Hanover av
Remarks	

RETURN OF A BIRTH.

5539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 2nd 1876
4. Place of Birth (Street and Number)	Penn Alley No 12
5. Full Name of Mother	Frances Siddons
6. Mother's Maiden Name	Frances Cauck
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Lewis Siddons.
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Frances E Cauck
Address	No. 10 Penn Alley
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

8 5-111

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3rd 1876
4. *Place of Birth (Street and Number)* N 54 Park Avenue
5. *Full Name of Mother* Mary Ridgen
6. *Mother's Maiden Name* Mary Carr
7. *Mother's Birthplace* Co Tyrone Ireland
8. *Full Name of Father* Patrick Ridgen
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Co Tyrone Ireland

Name of Medical Attendant, or other Person who makes this Return. F S Chatard M D

Address N 114 Park Avenue

Remarks

5541

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE HEALTH DEPARTMENT
JUN 15 1896
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 3rd 1896
4. *Place of Birth (Street and Number)* Cross street cor 37
5. *Full Name of Mother* Ellen Lawatt
6. *Mother's Maiden Name* Ellen Bowser
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Lawatt
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sophia Johns

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8512

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	January 3d 1876
4. *Place of Birth* (Street and Number)	132 n. Fayette St.
5. *Full Name of Mother*	Augusta Teisner
6. *Mother's Maiden Name*	A. Saafe
7. *Mother's Birthplace*	Hanover Germany
8. *Full Name of Father*	Joseph Teisner
9. *Father's Occupation*	Tavern
10. *Father's Birthplace*	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Seal Street
Remarks	

5343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether [redacted], 3d, &c.)	Third Child
1. Sex ([redacted] Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3rd 1876
4. Place of Birth (Street and Number)	No 3 Patterson St.
5. Full Name of Mother	Rebecca Hopkins
6. Mother's Maiden Name	Rebecca Oliver
7. Mother's Birthplace	Gallamore City
8. Full Name of Father	William Hopkins
9. Father's Occupation	Brick Layer
10. Father's Birthplace	Gallamore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas D. Evans M. D
Address	No 18 Jackson Square
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, or who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

85111

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~First~~ Second (2)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 3 1876
4. Place of Birth (Street and Number)	S Side Bounder & Pre mar Pelan
5. Full Name of Mother	Mary Borge
6. Mother's Maiden Name	Mary Frances
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Borge
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Wertemberg Ger
Name of Medical Attendant, or other Person who makes this Return.	Virginia A Winter
Address	178 Harford Ave
Remarks	

5.5.11.5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 8 1876 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child.

Sex (state whether Male or Female) Male.

Race or Color (if not of the white race) White race.

Date of Birth 3 of January.

Place of Birth (Street and Number) No 455 Saratoga st.

Full Name of Mother ~~Mich Diate.~~ Barba ~~Boucca~~ Liabae.

Mother's Maiden Name Barba Bousea.

Mother's Birthplace in Germeny.

Full Name of Father Mick Liabae.

Father's Occupation Stone cutter

Father's Birthplace in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Zigeldinger.

Address No 14 Union st

Remarks

8546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* January 3. 1876
4. *Place of Birth (Street and Number)* Carlton.
5. *Full Name of Mother* Mary Mueller
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Bavaria.
8. *Full Name of Father* Henry Mueller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. Koch.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8547

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	3 January 1876
4. Place of Birth (Street and Number)	59 President St.
5. Full Name of Mother	Anna Katharina Rudolph
6. Mother's Maiden Name	Stubeins
7. Mother's Birthplace	Germany
8. Full Name of Father	John Rudolph
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	~~Germany~~ Gerhard Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5548

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4th 1876
4. Place of Birth (Street and Number)	163 Eman St.
5. Full Name of Mother	Margaret Hyman
6. Mother's Maiden Name	" " Thomas
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm H Hyman
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bothell M.D
Address	163 E Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8549

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4 1876
4. Place of Birth (Street and Number)	161 Chester st
5. Full Name of Mother	Mary Wates
6. Mother's Maiden Name	Mary Sound
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	John Wates
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Rachel Garrett
Address	434 Aliceanna st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

85505

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	441 Penna
4. Place of Birth (Street and Number)	4 January 1876
5. Full Name of Mother	Mary Setzenber
6. Mother's Maiden Name	Mary Miller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Setzenber
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elijah Smith
Address	476 Penna
Remarks	

8551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 4th 1876
4. *Place of Birth* (Street and Number) 278 Howard st Baltimore Md
5. *Full Name of Mother* Mrs Philip Herzog
6. *Mother's Maiden Name* Miss Bertha Scheve
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Philip Herzog
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Mesenzehl

Address 214 Preston st

Remarks

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8552

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 4th January 1876
4. *Place of Birth* (Street and Number) 21 Stockton st Baltimore Md
5. *Full Name of Mother* Magneth Faby
6. *Mother's Maiden Name* Magneth Baldwin
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Patrick Faby
9. *Father's Occupation* Painter
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Emma Rosenzeh

Address 214 Preston st Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 4th 1876
4. *Place of Birth* (Street and Number) 223 Franklin st Baltimore Md
5. *Full Name of Mother* Mary Raiber
6. *Mother's Maiden Name* Mary Ellinghous
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Raiber
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Rosenzels

Address 214 Preston st Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8534

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Dec 4th 1876

4. *Place of Birth* (Street and Number) William St. No 350.

5. *Full Name of Mother* Mary Bergoemer.

6. *Mother's Maiden Name* Mary Seuger.

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Georg Bergoemer.

9. *Father's Occupation* Labor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Bobby St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 4. 76
4. Place of Birth (Street and Number)	163 Eutaw St
5. Full Name of Mother	Margaret Hyman
6. Mother's Maiden Name	Margaret Finn
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm H Hyman
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	163 Eutaw St
Remarks	

8556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3d Jan. 1876
4. *Place of Birth (Street and Number)* 375 Chase St
5. *Full Name of Mother* Mary Keith
6. *Mother's Maiden Name* Mary Wilson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry H Keith
9. *Father's Occupation* Cap maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 125 N. Caroline St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8567

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) colard
3. *Date of Birth* jan 4
4. *Place of Birth* (*Street and Number*) 2 elle Eldorp st
5. *Full Name of Mother* Charity Coats
6. *Mother's Maiden Name* Charity Wilkinson
7. *Mother's Birthplace* talbot co
8. *Full Name of Father* Perry Coats
9. *Father's Occupation* labor
10. *Father's Birthplace* talbot co

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 -

1. Sex (~~state whether Male~~ or Female)

2. Race or Color (if not of the white race) Black

3. Date of Birth 4th January 1876.

4. Place of Birth (Street and Number) No 36 Foster alley

5. Full Name of Mother Anna Watkins

6. Mother's Maiden Name Anna Brownyear

7. Mother's Birthplace Md

8. Full Name of Father Alexander Watkins

9. Father's Occupation Porter.

10. Father's Birthplace Mdo.

Name of Medical Attendant, or other Person who makes this Return. G L Tanighurst

Address 129 N Bradale St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5559

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Copper
3. Date of Birth	Jan 4th 1876
4. Place of Birth (Street and Number)	Bolton Alley No 2
5. Full Name of Mother	Elizabeth Stuart
6. Mother's Maiden Name	" Buck
7. Mother's Birthplace	Leesburg Va
8. Full Name of Father	William Stewart
9. Father's Occupation	Coachman
10. Father's Birthplace	Leesburg Va
Name of Medical Attendant, or other Person who makes this Return.	G H Adams
Address	215 Orchid Place Ave
Remarks	

8561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 4th
4. *Place of Birth (Street and Number)* 341 Eager Street
5. *Full Name of Mother* Sally Whies
6. *Mother's Maiden Name* Kilmeier
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Whies
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 90 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 4th 1886.
4. Place of Birth (Street and Number)	No 140 Burgundy-Str
5. Full Name of Mother	Rosie Weirke.
6. Mother's Maiden Name	Rosie Rupp
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Weirke
9. Father's Occupation	Harness-maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Ann Wagner.
Address	No 134 Burgundy-Str.
Remarks	non.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

8562

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first. 1

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 4. January.
4. *Place of Birth* (Street and Number) 297. Bond Str.
5. *Full Name of Mother* Josefa Beranek
6. *Mother's Maiden Name* " " Selinek.
7. *Mother's Birthplace* Pisek. Bohemia
8. *Full Name of Father* Matias Beranek
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Plani Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

5563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Shild

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4 of January
4. *Place of Birth (Street and Number)* Somerett St No 80.
5. *Full Name of Mother* Lavina Burkhart
6. *Mother's Maiden Name* Lavina Bahm
7. *Mother's Birthplace* Shrensburg Township York County Stot Pennsylvania
8. *Full Name of Father* Frederick Burkhart
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Born Switzerland

Name of Medical Attendant, or other Person who makes this Return. Wolbinger Miller

Address Sterling St No 166.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

85611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	Colard Child
3. Date of Birth	Jany 4th 1876
4. Place of Birth (Street and Number)	Baltimore Md Corraway Street 129
5. Full Name of Mother	Jorgeanner Taylor
6. Mother's Maiden Name	Jargeanner Moody
7. Mother's Birthplace	Baltimore State of Maryland
8. Full Name of Father	Henry Tobler Fayler
9. Father's Occupation	On the Baltimore and Washington Pass
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Johnson.
Address	No 93 Lee Street.
Remarks	

8565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 16 January 1876

4. Place of Birth (Street and Number) 73 High St.

5. Full Name of Mother Lizzie Leonhardt

6. Mother's Maiden Name " Leonhardt

7. Mother's Birthplace U. States of America

8. Full Name of Father William Leonhardt

9. Father's Occupation Carriage maker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8566

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 5th 1876
4. Place of Birth (Street and Number)	No 726 Light st
5. Full Name of Mother	Margarette Bowers
6. Mother's Maiden Name	Flei
7. Mother's Birthplace	Germany
8. Full Name of Father	John Bowers.
9. Father's Occupation	Wheelright
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaster midwife
Address	213 Cross st.
Remarks	

Read Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8567

HEALTH DEPARTMENT
JAN
5
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st mo 5th 1876
4. Place of Birth (Street and Number)	160 Walsh St
5. Full Name of Mother	Susan Kennard
6. Mother's Maiden Name	Susan Duvall
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Alexander Kennard
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr Riley
Address	47 Lexington St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Birth, Marriage or Death, 25 cents.

MISSING

~~#~~ 8568

8569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Jan 5th 76

4. *Place of Birth* (Street and Number) No 84 N. Schroeder St

5. *Full Name of Mother* Susan Catharine Schultz

6. *Mother's Maiden Name* Susan Catharine Schultz

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* John Adam Wickhauser

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Worthington M.D.

Address No 203 N. Gay Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

8579

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 5th 1876
4. Place of Birth (Street and Number)	534 N. Gilmanton Ave
5. Full Name of Mother	Martha J. Mosberg
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Aquilla J. Mosberg
9. Father's Occupation	Engineer
10. Father's Birthplace	Montgomery Co Md
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spencer M.D.
Address	875 N. Gilmanton Ave
Remarks	

RETURN OF A BIRTH.

8571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 5th 1876

4. Place of Birth (Street and Number) 41 S. Green St.

5. Full Name of Mother Sallie M. Bankhages

6. Mother's Maiden Name Sallie Murray

7. Mother's Birthplace Maryland

8. Full Name of Father Frederic E. Bankhages

9. Father's Occupation Clerk

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. W. B. Gales M.D.

Address 173 E. Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 children

1. Sex (state whether Male or Female) a boy & a girl

2. Race or Color (if not of the white race) White

3. Date of Birth born the 5th January

4. Place of Birth (Street and Number) 5 North Central Av.

5. Full Name of Mother Marian McGinnis

6. Mother's Maiden Name Marian McGinns

7. Mother's Birthplace Irland

8. Full Name of Father Henry K. Mc Ginnis

9. Father's Occupation Wack driver

10. Father's Birthplace Fairfield Kentucky Kunduntuk

Name of Medical Attendant, or other Person who makes this Return. Presentia Kunkel

Address 11 North chappel st J. John Kunkel

Remarks Healthy

Extract from the Health Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8573

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 5th 1876

4. Place of Birth (Street and Number) N. Central Avenue 227

5. Full Name of Mother Mary Thuman

6. Mother's Maiden Name Mary Colton

7. Mother's Birthplace Baltimore

8. Full Name of Father George Thuman

9. Father's Occupation Cooper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. A. Baldwin

Address 124 N. Eutaw st

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 5 1876
4. *Place of Birth (Street and Number)* 78. S. Ann.
5. *Full Name of Mother* Martha Martin
6. *Mother's Maiden Name* Martha Mahenney
7. *Mother's Birthplace* Md.
8. *Full Name of Father* William Martin
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Abram M Arnold M D

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

8575

HEALTH DEPARTMENT 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 5th 1876
4. Place of Birth (Street and Number)	190 Harlem Avenue
5. Full Name of Mother	Elizabeth A Bullen
6. Mother's Maiden Name	" Hamill
7. Mother's Birthplace	Williamsport Maryland
8. Full Name of Father	Capt Ezra W. Bullen
9 Father's Occupation	Conductor - Balto & Ohio R.R.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr Philbrook M.D.
Address	47 Edmondson ave
Remarks	

8376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* ~~Dec 31st.~~ Jan 1st 5 40 A. M. 1876
4. *Place of Birth* (Street and Number) S.E. Cor. Bethel & Baltimore Sts
5. *Full Name of Mother* Theresa Berney
6. *Mother's Maiden Name* Theresa Wamburger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Berney
9. *Father's Occupation* Shoe manufactry
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th January — 1876
4. Place of Birth (Street and Number)	74 N. Durham
5. Full Name of Mother	Mary Jane O'Brien —
6. Mother's Maiden Name	" " Steadman
7. Mother's Birthplace	Baltimore —
8. Full Name of Father	John O'Brien —
9. Father's Occupation	Watchman —
10. Father's Birthplace	Ireland —
Name of Medical Attendant, or other Person who makes this Return.	J. J. Gross.
Address	187 Orleans St —
Remarks	

8578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

hild of Mother (state whether 1st, 2d, 3d, &c.)	1
tate whether Male or Female)	Female
or Color (if not of the white race)	Colord
of Birth	Barnd Wendesday Evind 5
of Birth (Street and Number)	233 Hughes St, Belwn Hanover & Charles
Name of Mother	Joshpan Pugn
r's Maiden Name	Joseph Wolford
r's Birthplace	Baltimore City
Name of Father	Elit Evan
r's Occupation	Oysters Shucker
r's Birthplace	Baltimore City
e of Medical Attendant, or other Person who makes this Return.	Morgret Driggs
ress	No. 3 Salvan St Blw Lovest & Bost
arks	knw, Difficultbirth

8579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 5th 1876.
4. Place of Birth (Street and Number)	58 McHenry Street
5. Full Name of Mother	Magdalena Becher
6. Mother's Maiden Name	M. Schad
7. Mother's Birthplace	Prussian
8. Full Name of Father	Ernst Becher
9. Father's Occupation	Tailor
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Mensel
Address	56. Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (Female or Male)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 5th 1876
4. Place of Birth (Street and Number)	No 189 Jefferson St
5. Full Name of Mother	Eliza beth Cooper
6. Mother's Maiden Name	Elizabeth Jones
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Cooper
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas P. Evans M.D
Address	No 18 Jackson Square
Remarks	Balt. City Md

8581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 5th 1876
4. *Place of Birth* (Street and Number) N. Bond St. No. 38
5. *Full Name of Mother* Amalia Zimmermann
6. *Mother's Maiden Name* Amalia Gunther
7. *Mother's Birthplace* Kleinheubach Ufr. Baiern Germany
8. *Full Name of Father* Ernst A. Zimmermann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Clausthal. Fr. Reussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Fees Records of Vital Statistics of the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 5th 1876
4. *Place of Birth (Street and Number)* S. Caroline St. No 129
5. *Full Name of Mother* Katharina Colemann
6. *Mother's Maiden Name* Katharine Schmidt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Louis W. Colemann
9. *Father's Occupation* Squire
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8583

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan' 5th 76
4. Place of Birth (Street and Number)	72 Woodyear St
5. Full Name of Mother	Mary Manly
6. Mother's Maiden Name	Arnold
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	Peter L. Manly
9. Father's Occupation	R.R. Conductor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	W. H. Barker M.D
Address	143 N Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

85811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Children 2 Living 2 Born

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 5th of January 1876

4. Place of Birth (Street and Number) 24 Bartlett St.

5. Full Name of Mother Mary Elizabeth Bressner

6. Mother's Maiden Name Mary Elizabeth Butler

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Frantz Christian Bressner

9. Father's Occupation Baker Master

10. Father's Birthplace Washington D. C.

Name of Medical Attendant, or other Person who makes this Return.

Address 113 N. Gay Street

Remarks No. 32. Lieutenant Police

RETURN OF A BIRTH.

5585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White 1

3. *Date of Birth* 5 Janr /

4. *Place of Birth (Street and Number)* 881 W Pratt

5. *Full Name of Mother* Anna Klose

6. *Mother's Maiden Name* " Horstmann

7. *Mother's Birthplace* Twestringen Hanover

8. *Full Name of Father* Wilh Klose

9. *Father's Occupation* Blk Shmit

10. *Father's Birthplace* Borgentreich Prusse

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach, W Pratt

Address W Klose ~~St~~ W Pratt bet n

Remarks no Remarks 439

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colard

3. Date of Birth 5 yenary

4. Place of Birth (Street and Number) Cinnary st 54

5. Full Name of Mother Anna Mar Kistler

6. Mother's Maiden Name Anna Hutton

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilbam Hutton

9. Father's Occupation Work in coal

10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Janney Luton

Address 84 cinnary st

Remarks

Within six days thereafter, stating minutely the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 5th 1876
4. *Place of Birth (Street and Number)* 536 Orleans St.
5. *Full Name of Mother* Margret Shupe
6. *Mother's Maiden Name* Margret Miller
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christ Shupe
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 195 N. Caroline St

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8585

HEALTH DEPARTMENT JAN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White.

3. *Date of Birth* 5. January

4. *Place of Birth* (Street and Number) 123. Washington Av.

5. *Full Name of Mother* Anna Planer

6. *Mother's Maiden Name* " " Lukas.

7. *Mother's Birthplace* Kocerov. Bohemia.

8. *Full Name of Father* John Planer.

9. *Father's Occupation* Schoemmaker.

10. *Father's Birthplace* Cerenic, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No. 20 Barnet St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8589

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 5, 1876
4. Place of Birth (Street and Number)	# 435 E. Eager St.
5. Full Name of Mother	Caroline Augusta Hanson
6. Mother's Maiden Name	" " Pennington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Enoch Fenwick Hanson
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline St.
Remarks	

8590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 5th 1876
4. Place of Birth (Street and Number)	No. 89 Cambridge St.
5. Full Name of Mother	Clara Ulbrich
6. Mother's Maiden Name	Clara Meyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anton Ulbrich
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goetzke
Address	No 55 S. Bond St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JAN
11
876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 5th 1876
4. Place of Birth (Street and Number)	34 Mulberry st
5. Full Name of Mother	Clara Bonella
6. Mother's Maiden Name	Clara Hoope
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Antonio Bonella
9. Father's Occupation	Janitor Peabody Institute
10. Father's Birthplace	Near Palermo Sicily
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winnebegee
Address	23 N. Liberty St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 1 876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3-4 January 1876
4. Place of Birth (Street and Number)	43 N. Front St.
5. Full Name of Mother	Emma Louisa McLaughlin
6. Mother's Maiden Name	Emma L. Miles
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Patrick McLaughlin
9. Father's Occupation	Plumber and Gas Fitter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Wennenberger
Address	23 N. Liberty St.
Remarks	

RETURN OF A BIRTH.

8393

HEALTH DEPARTMENT JAN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12 d. 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 5 Tenth 1876
4. Place of Birth (Street and Number)	Harport rot B. cont.
5. Full Name of Mother	Rebecke Breilenstein Beirwinger
6. Mother's Maiden Name	Baltimor
7. Mother's Birthplace	August Breilenstein
8. Full Name of Father	Butcher
9. Father's Occupation	Germanie
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Reudiger
Address	134 N. Bond Strt
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- 5594

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 of January
4. *Place of Birth (Street and Number)* 84 Saratoga Street
5. *Full Name of Mother* Anna ~~Klemmens~~ Boenkloman
6. *Mother's Maiden Name* Klemmens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodor Boenkloman
9. *Father's Occupation* Tanner Dipper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 20 Grundy Street

Remarks

8595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
10
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* 5 of January 1876

4. *Place of Birth* (Street and Number) 150 S Washington St

5. *Full Name of Mother* Fanny Turner

6. *Mother's Maiden Name* Fanny Lipman

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* Benjamin Avery

9. *Father's Occupation* Employed in F. Rock

10. *Father's Birthplace* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Doctor Williams

Address 70 Thames Street

Remarks Mother Black Child. attended

Well

8596

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Jany. 5th '76.
4. Place of Birth (Street and Number)	56 W. Eutaw St.
5. Full Name of Mother	Sarah E. Wylie
6. Mother's Maiden Name	Dennis
7. Mother's Birthplace	Massachusetts.
8. Full Name of Father	James H. Wylie
9. Father's Occupation	Artist.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

8597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 5th of January 1876
4. Place of Birth (Street and Number)	No 31 Woodward st Baltimo
5. Full Name of Mother	Margaret E Corgnon
6. Mother's Maiden Name	Margaret E Tinsley
7. Mother's Birthplace	Hanover county Va
8. Full Name of Father	John Corgnon
9. Father's Occupation	Machinist
10. Father's Birthplace	Hanover county Va
Name of [redacted] Attendant, or other Person who makes this Return.	[redacted] Goodman
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth January 5 1876

4. Place of Birth (Street and Number) 86 St George St

5. Full Name of Mother Margaretta Sinclair

6. Mother's Maiden Name Margaretta Wade

7. Mother's Birthplace Maryland county

8. Full Name of Father Robert Sinclair

9. Father's Occupation Laborer

10. Father's Birthplace Maryland county

Name of Medical Attendant, or other Person who makes this Return. Dr Baldwin

Address 436 Aliceanna St

Remarks

RETURN OF A BIRTH.

5599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth January 5 1876

4. Place of Birth (Street and Number) 274 East St

5. Full Name of Mother Sara Waters

6. Mother's Maiden Name Sara Thurwood

7. Mother's Birthplace Baltimor St

8. Full Name of Father John Waters

9. Father's Occupation Sailor of boat

10. Father's Birthplace Charlos Co Md

Name of Medical Attendant, or other Person who makes this Return. Rachel a garrett

Address 436 Richmond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 5th January 76
4. *Place of Birth (Street and Number)* 5 Steuben St.
5. *Full Name of Mother* Lizzie Lynch
6. *Mother's Maiden Name* Kyle
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael James
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 32 Lombard St.

Remarks

Fees Records of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* 5th January 1876

4. *Place of Birth* (*Street and Number*) 125 Exeter St.

5. *Full Name of Mother* Johanna Mulloy

6. *Mother's Maiden Name* Leonard

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* James Leonard

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Co Clare, Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 27 E. Lombard St.

Remarks

1.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8602

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st.

1. *Sex* (state whether Male or Female) Male.

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Dec. 6th 1876

4. *Place of Birth* (Street and Number) No 692 Light St.

5. *Full Name of Mother* Frances H. Morey.

6. *Mother's Maiden Name* Frances H Barker.

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* George H Morey.

9. *Father's Occupation* Labor.

10. *Father's Birthplace* Nantucket Island Mass

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruns,

Address 114 Battery Av.

Remarks

MISSING

#8603 - 8604

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 6th 1876
4. *Place of Birth (Street and Number)* N° 325 Mulberry St
5. *Full Name of Mother* Mary A Tarney
6. *Mother's Maiden Name* Mary A Johnston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. H. Tarney
9. *Father's Occupation* Surgeon U.S. Army
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D

Address N 114 Park Avenue

Remarks

8606

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (1)

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 6th January
4. *Place of Birth* (Street and Number) 26 N. Bridle & Baltimore Md
5. *Full Name of Mother* Susan Rolf
6. *Mother's Maiden Name* " Gretz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Rolf
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
JAN 17 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 6th 1876
4. *Place of Birth* (Street and Number) No 21 Milton St
5. *Full Name of Mother* Margaret Lane
6. *Mother's Maiden Name* Margaret Crowley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Edward Lane
9. *Father's Occupation* Laboring Man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Louis Hoffman

Address No 5 Brownsville St

Remarks

8608

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 6th 76

4. Place of Birth (Street and Number) No 20 Shuter St

5. Full Name of Mother Lowder Lorer Lanson

6. Mother's Maiden Name Lorer Lorzen

7. Mother's Birthplace Cecil Co Md

8. Full Name of Father William Lanson

9. Father's Occupation has run

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Lusinda Woodford midwife

Address 130 N Register St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8609

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Jewish Race
3. *Date of Birth* January 6. 1876
4. *Place of Birth (Street and Number)* 9 Milliken St 11-65.
5. *Full Name of Mother* Therese Waldorf
6. *Mother's Maiden Name* " Fuld.
7. *Mother's Birthplace* Darmstadt Europe
8. *Full Name of Father* Moses Waldorf
9. *Father's Occupation* Clothing Dealer
10. *Father's Birthplace* Darmstadt Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hellig

Address 48 Holland St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 14. 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 6th 1875
4. Place of Birth (Street and Number)	Baltimore Parkin st No 52
5. Full Name of Mother	Fannie Freeburger
6. Mother's Maiden Name	" Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles ~~Davis~~ Freeburger
9. Father's Occupation	Fire department
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No 58 Parkin st
Remarks	

8611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White Race.
3. *Date of Birth* Jan 6th. 1876
4. *Place of Birth (Street and Number)* 121 Aisquith St Baltimore
5. *Full Name of Mother* Margaret E Robertson.
6. *Mother's Maiden Name* " " " White
7. *Mother's Birthplace* Wicomico County Maryland.
8. *Full Name of Father* John Robertson
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Wicomico Co Maryland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Brendel

Address No 208 South Bond St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8612

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1876
4. *Place of Birth (Street and Number)* 59 Eager St
5. *Full Name of Mother* E. Grimes
6. *Mother's Maiden Name* E. McCarty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* E. Grimes
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. Lowndes M.D.

Address 69 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8613

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 6th. 1876.
4. Place of Birth (Street and Number)	No 99 South Fremont Str.
5. Full Name of Mother	Henrietta Blum
6. Mother's Maiden Name	Henrietta Blimline.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Moses M. Blum.
9. Father's Occupation	Cigar Manufacturer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy Str.
Remarks	Son.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8614

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Thursday 6th January 1876

4. Place of Birth (Street and Number) 162 Shirley St

5. Full Name of Mother Rachel Griffin Ledger

6. Mother's Maiden Name Rachel Griffin

7. Mother's Birthplace Anna Arundel County Md

8. Full Name of Father Samuel Ledger

9. Father's Occupation Hoister on the Wharf

10. Father's Birthplace Harford County Md.

Name of Medical Attendant, or other Person who makes this Return. J. Geo Walker M.D.

Address 181 E Monument St City

Remarks Child & friends a very healthy appearance

8615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 6th 1876
4. *Place of* [redacted] *(Street and Number)* 77 N. Fremont St.
5. *Full Name of Mother* Lavinia A. Tucker
6. *Mother's Maiden Name* Lavinia A. Nally
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Walter W. Tucker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	7 d.
1. ***Sex*** (*state whether Male or Female*)	Male
2. ***Race or Color*** (*if not of the white race*)	white
3. ***Date of Birth***	4 d. Januar 1876
4. ***Place of Birth*** (*Street and Number*)	Palarroy Seale Hard.
5. ***Full Name of Mother***	Gizilie Guschlag
6. ***Mother's Maiden Name***	Flanzelman
7. ***Mother's Birthplace***	Germanie
8. ***Full Name of Father***	Andreas Guschlag
9. ***Father's Occupation***	Butcher
10. ***Father's Birthplace***	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Marie Bo Rudiger.
Address	134 N. Bond street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	d. 6d January 1876
4. Place of Birth (Street and Number)	Turnham stril 3.9
5. Full Name of Mother	Marie Lange
6. Mother's Maiden Name	Flesche
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Georg Lange
9. Father's Occupation	Likarmaker
10. Father's Birthplace	Germeny
Name of Medical Attendant, or other Person who makes this Return.	Marie L Rudiger
Address	134 N Bonatsret
Remarks	—

6818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 7th
4. *Place of Birth (Street and Number)* Stoltimore alley No 12
5. *Full Name of Mother*
6. *Mother's Maiden Name* Anny Williams
7. *Mother's Birthplace* Eastern Shore Md = Easting Citty.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Shalcot Warkin

Address No 258. Saburg Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 6th 1876.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 6th 1876
4. *Place of Birth (Street and Number)* No. 50 Lanham St.
5. *Full Name of Mother* Sophie Wagner.
6. *Mother's Maiden Name* Sophie Dampert.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Philip Wagner.
9. *Father's Occupation* Copper.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No. 137 S. Wolfe St.

Remarks —

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 the
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany. 6 the 1876
4. Place of Birth (Street and Number)	N. E. Cor. Bank and Chapel
5. Full Name of Mother	Matilda Boon
6. Mother's Maiden Name	Matilda Gordon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Giffin Boon
9. Father's Occupation	Oyster Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

8621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male Joseph Stanley Chester
2. Race or Color (if not of the white race)	Coard
3. Date of Birth	Jurnary 6 1
4. Place of Birth (Street and Number)	56 Duncan alley
5. Full Name of Mother	frances jane Chester
6. Mother's Maiden Name	frances linch
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Stanley Chester
9. Father's Occupation	Stevy Dor
10. Father's Birthplace	Kolbard County
Name of Medical Attendant, or other Person who makes this Return.	Dtry me Donby
Address	
Remarks	Duncan alley Town Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8622
8623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th (Twin at 4th Birth)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan'y 6th 1876
4. Place of Birth (Street and Number)	No 49 Harrison Balto
5. Full Name of Mother	Charlotte Rau
6. Mother's Maiden Name	" Trerthaus
7. Mother's Birthplace	Germany
8. Full Name of Father	Isaac Rau
9. Father's Occupation	Clothing Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	L. Ridgway Andre M D
Address	No 121 E. Balto st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8624

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (~~state whether~~ Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 7th 1876.
4. Place of Birth (Street and Number)	219 Hoffman Street
5. Full Name of Mother	Mary Simmonds.
6. Mother's Maiden Name	Mary Bay.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Anselmo Simmonds
9. Father's Occupation	Merchant.
10. Father's Birthplace	New Orleans La
Name of Medical Attendant, or other Person who makes this Return.	John L. R. Brazier M.D
Address	City
Remarks	

RETURN OF A BIRTH.

8625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 29 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 4th 1876
4. *Place of Birth (Street and Number)* No 40 Fourster alley
5. *Full Name of Mother* Margrett Rogers
6. *Mother's Maiden Name* Margrett Jones
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* William Rozer
9. *Father's Occupation* Labrer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 57 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5426

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		Second
1. *Sex (state whether Male or Female)*		Male
2. *Race or Color (if not of the white race)*		White
3. *Date of Birth*		Baltimore
4. *Place of Birth (Street and Number)*		No 34 Delemarle
5. *Full Name of Mother*		Mary Wilson
6. *Mother's Maiden Name*		Marten
7. *Mother's Birthplace*		Phia
8. *Full Name of Father*		Charles Wilson
9. *Father's Occupation*		Carpenter
10. *Father's Birthplace*		Baltimore
Name of Medical Attendant,	or other Person who makes this Return.	Mary Ann Haywood
Address		No 221 East Mulligan St
Remarks		

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8627

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* January 7th 1876
4. *Place of Birth (Street and Number)* 24 Hamburg Street
5. *Full Name of Mother* Margret Elizabeth Hurbart
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Talbort County
8. *Full Name of Father* Eliga Hurbort
9. *Father's Occupation* Hard Corer
10. *Father's Birthplace* Talbort County

Name of Medical Attendant, or other Person who makes this Return. Julia Spence

Address 297 Hamburg Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth January 7th 1876

4. Place of Birth (Street and Number) No. 462 E. Monument St.

5. Full Name of Mother Mrs. Fannie M. Ashburn

6. Mother's Maiden Name Miss Fannie M. Dawson

7. Mother's Birthplace Virginia

8. Full Name of Father Mr. Adoniram Judson Ashburn

9. Father's Occupation Carpenter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Jno H. Clendenen

Address No. 93 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Vital Statistics.

RETURN OF A BIRTH.

8629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seckond child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Born on the 7 of Day January
4. Place of Birth (Street and Number)	N° 58 Portland St Baltimore
5. Full Name of Mother	Elizabath Roche
6. Mother's Maiden Name	Elizabath Grender
7. Mother's Birthplace	Born in Baltimore
8. Full Name of Father	John Mayris Witrey Roche
9. Father's Occupation	Trunk maker
10. Father's Birthplace	Born in Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

8630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 January
4. Place of Birth (Street and Number)	712 N. Balto St.
5. Full Name of Mother	Magelena Frick
6. Mother's Maiden Name	" Gross
7. Mother's Birthplace	Hessen Darmstadt Germ
8. Full Name of Father	Henry Frick
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Hessendarmstadt
Name of Medical Attendant, or other Person who makes this Return.	Henry Kerl
Address	328 E Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect of this Duty.

8631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 7 January

4. *Place of Birth (Street and Number)* 166 Hanover St

5. *Full Name of Mother* Louisa Richter

6. *Mother's Maiden Name* " Bush

7. *Mother's Birthplace* Saxony

8. *Full Name of Father* Wm Richter

9. *Father's Occupation* Restaurant

10. *Father's Birthplace* Hessen Darmstadt Germ

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 328 South Eutaw

Remarks

Penalty of False Statements to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 7 — 1876
4. Place of Birth (Street and Number)	No 126 Saratoga St —
5. Full Name of Mother	Harriet E Hodgkins —
6. Mother's Maiden Name	" " Saunders
7. Mother's Birthplace	Buckystown Md —
8. Full Name of Father	Stephen R Hodgkins
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	Wm Ridan M.D.
Address	By Millbury St
Remarks	

RETURN OF A BIRTH. 8633

HEALTH DEPT JAN 13 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 7 January
4. *Place of Birth* (Street and Number) 11 N. Ann st
5. *Full Name of Mother* Carl Sauerland
6. *Mother's Maiden Name* Carl Eilich
7. *Mother's Birthplace* Frudenwalde
8. *Full Name of Father* Chas Sauerland
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Stadtroderdorff

Name of Medical Attendant, or other Person who makes this Return. J. May. Ann. Haywood

Address 221 Mulliken st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

86311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 7th 1876
4. Place of Birth (Street and Number)	297 Preston St
5. Full Name of Mother	Catherine Carle
6. Mother's Maiden Name	" " Kinney
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Frederick Carle
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesonguth (Mrs)
Address	284 Preston St.
Remarks	

8695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 7th 1876.
4. *Place of Birth (Street and Number)* 183 W. Pratt St.
5. *Full Name of Mother* Christina Ganter
6. *Mother's Maiden Name* " Georgii
7. *Mother's Birthplace* Pittsburgh. Pa.
8. *Full Name of Father* Francis Xavier Ganter
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 311. W. Strong

Remarks No 32. Light & Hule Sts

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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8636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 1th 1876
4. Place of Birth (Street and Number)	No 126 Jefferson Street
5. Full Name of Mother	Anna L Muir
6. Mother's Maiden Name	Anna Wilson
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Henry H Muir
9. Father's Occupation	Segar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 Mc Donogh st
Remarks	

8637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
370
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 9 1896

4. Place of Birth (Street and Number) 1 East West 196 1816

5. Full Name of Mother Jane Wells

6. Mother's Maiden Name Jane Upsher

7. Mother's Birthplace Talbot Co Md

8. Full Name of Father James Wells

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lucy Upsher 1314 Eutaw St

Address

Remarks Baltimore Md

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11 376
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 7 January

4. Place of Birth (Street and Number) 41 Aliceanna St

5. Full Name of Mother Marie Baye

6. Mother's Maiden Name " " Nicholas

7. Mother's Birthplace Balto.

8. Full Name of Father Gotfried Baye

9. Father's Occupation Laborer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet St

Remarks

Fee Record by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Dec~~ 9th January 1876
4. Place of Birth (Street and Number)	37 fountain
5. Full Name of Mother	Elizabeth Hartline
6. Mother's Maiden Name	Elizebeth English
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George R hartline
9. Father's Occupation	Brickmaker.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	James Wiley
Address	No 12 Paterson Park avenue
Remarks	

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1916 BALTIMORE

8659 8640

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* January 7th 1876

4. *Place of Birth (Street and Number)* 92 McKim st

5. *Full Name of Mother* Elizabeth Donnolly

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Hoartown County Wexford Ireland

8. *Full Name of Father* Jamey Murphy

9. *Father's Occupation* Labourer

10. *Father's Birthplace* Pinch County Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Shriemer

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8611

HEALTH DEPARTMENT
JAN
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 7 - 1876
4. Place of Birth (Street and Number)	28 Chatsworth St.
5. Full Name of Mother	Amanda E. Farquhar
6. Mother's Maiden Name	Pickering
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John C. Farquhar
9. Father's Occupation	Clerk
10. Father's Birthplace	Ohio
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8 6112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 8
4. *Place of Birth (Street and Number)* 78 Block ff
5. *Full Name of Mother* Mary A. Gorahty
6. *Mother's Maiden Name* [illegible] Sommer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Gorahty
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* January 5th 1876
4. *Place of Birth* (Street and Number) No 6 Chestnut Alley
5. *Full Name of Mother* Mary E. Moore
6. *Mother's Maiden Name* Mary A. Phillips
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George W. Moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctress

Address No 85 Orchard street

Remarks

RETURN OF A BIRTH.

86111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 8th 1876
4. Place of Birth (Street and Number)	32 Whalen Th St.
5. Full Name of Mother	Mary Ellen Bartholomew
6. Mother's Maiden Name	Louis
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Willis Bartholomew
9 Father's Occupation	Butter dealer
10. Father's Birthplace	Cincinnati - Ohio
Name of Medical Attendant, or other Person who makes this Return.	William R. Murray M.D
Address	S. E. Cor. Patterson Ave & Stricker St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

ject Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

3611.5

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 8th 1876
4. Place of Birth (Street and Number)	33 Hamburg St
5. Full Name of Mother	Sallie Brannan
6. Mother's Maiden Name	Sallie Collison
7. Mother's Birthplace	Maryland
8. Full Name of Father	Anthony Brannan
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W B Noble M D
Address	17 Hanover av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 5th of January

4. *Place of Birth (Street and Number)* 345 Eastern Ave St

5. *Full Name of Mother* Elizabeth Margaret Napier

6. *Mother's Maiden Name* Sprecklan

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Philip Napier

9. *Father's Occupation* Peddler

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 367 Eastern St

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	born the 3 of January 1876
4. Place of Birth (Street and Number)	No Number Mothumentat
5. Full Name of Mother	Anni Vogt
6. Mother's Maiden Name	Anni Fernes
7. Mother's Birthplace	Germanys
8. Full Name of Father	Emile Fölnes
9. Father's Occupation	Laborman
10. Father's Birthplace	Germanys
Name of Medical Attendant, or other Person who makes this Return.	Cresentia Kunkel
Address	11 North chappel st for John Kunkel
Remarks	Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8618

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 8. 1876
4. Place of Birth (Street and Number)	80 E. Fayette St
5. Full Name of Mother	Emma Eugenia Horton
6. Mother's Maiden Name	Emma Eugenia Hockman
7. Mother's Birthplace	Maryland,
8. Full Name of Father	Henry P. Horton Jr.
9. Father's Occupation	Letter Carrier,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hanck M.D.
Address	75 E. Baltimore St
Remarks	

Penalties for Neglect of Duty.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

86449

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 8 th 1876

4. Place of Birth (Street and Number) Hanover St. near Fort ave

5. Full Name of Mother Elizabeth Ann Simmons

6. Mother's Maiden Name Elizabeth Ann Streett

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henry Simmons

9. Father's Occupation Clerk

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margaretta Ellis

Address Locust Point Balt.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, [illegible] of the child or children born, its or their physical condition, whether still born or not, the [illegible] residence of the parents, and the maiden name of the mother of such child or

8650

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Archibald

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 8th January

4. Place of Birth (Street and Number) Hudson Alley No 5

5. Full Name of Mother Maria McIntosh

6. Mother's Maiden Name Elliott

7. Mother's Birthplace Baltimore

8. Full Name of Father Archd Alexander McIntosh

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
30
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 8th 1876
4. *Place of Birth (Street and Number)* S. E. Corner Park & Mulberry St
5. *Full Name of Mother* Elizabeth Ann Colton
6. *Mother's Maiden Name* Elizabeth Ann Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H. Colton
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M.D

Address N 114 Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

8632

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 8th 76

4. Place of Birth (Street and Number) 120 S Putter

5. Full Name of Mother Lisabeth Skinner

6. Mother's Maiden Name Elizabeth Fowler

7. Mother's Birthplace Balt Md

8. Full Name of Father James Skinner

9. Father's Occupation hair dresser

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Lucinda Woolford Midwife

Address No 130 N Pegrim St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth January 8th 1876.

4. Place of Birth (Street and Number) No 23 South Caroline St.

5. Full Name of Mother Margaretha Bendel.

6. Mother's Maiden Name " " Lohneis

7. Mother's Birthplace Germany

8. Full Name of Father John Bendel.

9. Father's Occupation Restaurant.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Hoffman.

Address No 175 South Eden St.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8654

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1895 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. Sex (state whether Male or Female)	~~white~~ Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	2. January 96.
4. Place of Birth (Street and Number)	Hervyson str. 19,
5. Full Name of Mother	Dorethea Weiner
6. Mother's Maiden Name	Harris.
7. Mother's Birthplace	— Poland
8. Full Name of Father	Abraham Weiner
9. Father's Occupation	Peddler
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Caicie Bernstein
Address	113 E. Lombard str.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Brown
3. *Date of Birth* 8 January 1876
4. *Place of Birth (Street and Number)* Edward st No 7
5. *Full Name of Mother* Caroline E Crosby
6. *Mother's Maiden Name* C E Thorn
7. *Mother's Birthplace* Montgomery Co Md
8. *Full Name of Father* Joseph Crosby
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Sophia Hines

Address

Remarks

8656

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 8th of Jan. 1876

4. Place of Birth (Street and Number) 316 John st

5. Full Name of Mother Laura Mackattrick Palmer

6. Mother's Maiden Name Laura C. Palmer

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charley McCubbin

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N° Caroline st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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8657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 8th 1876
4. Place of Birth (Street and Number)	51 n. Green Street
5. Full Name of Mother	Lena Droescher
6. Mother's Maiden Name	Lena Schiffner
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Adolph Droescher
9. Father's Occupation	Merchant
10. Father's Birthplace	Hamburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56. Pearl Street
Remarks	

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8630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th of January
4. Place of Birth (Street and Number)	6 old N. Sts. Sho.
5. Full Name of Mother	Maggie Holland
6. Mother's Maiden Name	Bagner.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	George Holland
9. Father's Occupation	Engineer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Brendel.
Address	No 208 South Bond St
Remarks	

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8659

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 8th 76
4. Place of Birth (Street and Number)	134½ Saratoga St
5. Full Name of Mother	Mary L. Diehl
6. Mother's Maiden Name	Fremin
7. Mother's Birthplace	France
8. Full Name of Father	John Diehl
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. H. Parker
Address	146 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male ~~or Female~~)	?
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 8
4. Place of Birth (Street and Number)	96 Sterling St
5. Full Name of Mother	Margaret M. Hanley
6. Mother's Maiden Name	M. M. Riley
7. Mother's Birthplace	Ireland
8. Full Name of Father	John H. Hanley
9. Father's Occupation	Grocer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E. H. Nuttage M.D.
Address	151 E. Madison St
Remarks	

Pact Regulations of the Board of Health to secure a full and cor-
rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 8th 1876
4. Place of Birth (Street and Number)	No 413 E. Eggar Street
5. Full Name of Mother	Nannie L Bartol
6. Mother's Maiden Name	Nannie L Ramsey
7. Mother's Birthplace	Pensylvania
8. Full Name of Father	George Bartol
9. Father's Occupation	Farmer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 Mc Donogh st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 9th 1876

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 8th 1876.
4. *Place of Birth (Street and Number)* No 305 Canton Ave
5. *Full Name of Mother* Caroline Löben
6. *Mother's Maiden Name* Caroline Hoffmann
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Löben.
9. *Father's Occupation* Grosshändler
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 127 S. Wolfe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 8th 76
4. Place of Birth (Street and Number)	#95 Chapel St.
5. Full Name of Mother	Maggie Maurice Tribula Elsendorff
6. Mother's Maiden Name	Joseph Maurice
7. Mother's Birthplace	Laborer
8. Full Name of Father	Bavaria
9. Father's Occupation	M. Lederer
10. Father's Birthplace	#23 S. Durham St.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8664

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* d. 8 Januar 1876
4. *Place of Birth (Street and Number)* 355 Jefferson Street
5. *Full Name of Mother* Mallilte Lulay
6. *Mother's Maiden Name* Malille Gang
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Jakob Lulay
9. *Father's Occupation* Putscherer
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Marie R Riediger

Address 134 N Bondstreet

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Mal

2. *Race or Color* (if not of the white race) Mulatto

3. *Date of Birth* September 1st

4. *Place of Birth* (Street and Number) U. S. Train Yard Pratt

5. *Full Name of Mother* Mary Kendrick

6. *Mother's Maiden Name* Mary Kendler

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Edward Kendrick

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Atlanta

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Hayes

Address U. S. T. Monument St

Remarks - This child lived only two days and died from weakness

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8666

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 12 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 8th 16.
4. *Place of Birth* (Street and Number) N: 398. E. Madison St Corner of Aisquith St.
5. *Full Name of Mother* C. Katie Gauer
6. *Mother's Maiden Name* C. Katie Stengel
7. *Mother's Birthplace* Parrellsville Harford Co Md.
8. *Full Name of Father* H. Fried.k Gauer
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Vaihingen a/Enz Württemberg. Germany.

Name of Medical Attendant, or other person who makes this Return. Ursula A. Christmann

Address 129 E. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 9 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan'y 8th 1876.
4. Place of Birth (Street and Number)	145 W. Lombard
5. Full Name of Mother	Margaret Hoffman
6. Mother's Maiden Name	Kremer
7. Mother's Birthplace	Germany.
8. Full Name of Father	George Hoffman
9. Father's Occupation	Beer Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	9 January 1876
4. Place of Birth (Street and Number)	408 Davison St.
5. Full Name of Mother	Katharina E. Miller
6. Mother's Maiden Name	" " Stein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob J. Miller
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Steiner
Address	157 E. Pratt st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8669

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 9th 1876

4. Place of Birth (Street and Number) 91 Fawsond

5. Full Name of Mother Margaret Rosor Cafpard

6. Mother's Maiden Name Mary Rosor

7. Mother's Birthplace Cincinnati

8. Full Name of Father George Carleton Cafpard

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return B. L. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8670

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Mary Hess 2nd Child

1. *Sex* (state whether Male or Female) ~~White~~ Girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 9 January
4. *Place of Birth* (Street and Number) 368 South Sharp Street
5. *Full Name of Mother* Susana Hess
6. *Mother's Maiden Name* Susana Cledric H
7. *Mother's Birthplace* Heidenburger
8. *Full Name of Father* John Hess
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Heidenbergen

Name of Medical Attendant, or other Person who makes this Return. Anna Dunler 60 Chester

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 9th 1876
4. Place of Birth (Street and Number)	City of Baltimore, Md. corner St. Paul
5. Full Name of Mother	Laura V. Virginia Kutzius
6. Mother's Maiden Name	Laura V. Claridge
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Kutzius
9. Father's Occupation	Steam Fitter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs L. Brendel
Address	30 South Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 2d January 1916

4. *Place of Birth* (Street and Number) 2 E. Lanvale St.

5. *Full Name of Mother* Frederica Gardner

6. *Mother's Maiden Name* Bond

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Edward Gardner

9. *Father's Occupation* Meat Cutter

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. Cathcart

Address 2 E. Lanvale St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 9th 1876
4. Place of Birth (Street and Number)	252 Mc. Donough st
5. Full Name of Mother	Charlotte James
6. Mother's Maiden Name	Charlotte Ford
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. James
9. Father's Occupation	Oyster Schucker
10. Father's Birthplace	Robert County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mercedes Gregoria Medley
Address	49 East Strat
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

86711

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother ~~*(state whether 1st, 2d, 3d, &c.)*~~ Fourth

1. *Sex* ~~*(state whether Male or*~~ *Female)*
2. *Race or Color* ~~*(if not of the*~~ *white* ~~*race)*~~
3. *Date of Birth* January 9th 2 Oclock A.M.
4. *Place of Birth (Street and Number)* 134 S. Wight St.
5. *Full Name of Mother* Bridget Carroll
6. *Mother's Maiden Name* " Langney
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Timothy Carroll
9. *Father's Occupation* Stable Boy
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. A Gregg Sherbert Md.

Address 117 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
JAN 13 1976
BALTIMORE

Correct Record of the Date of Birth and Particulars of Name and Sex of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 cond

Sex (state whether Male or Female) male

Race or Color (if not of the white race) colord

Date of Birth 9 th inst

Place of Birth (Street and Number) no 84 church street

Full Name of Mother mary griffin

Mother's Maiden Name maiden name, unknone

Mother's Birthplace virginia

Full Name of Father george gribbin

Father's Occupation driving team

Father's Birthplace virginia

Name of Medical Attendant, or other Person who makes this Return. no medical attendance

Address

Remarks

RETURN OF A BIRTH.

8676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 1 1876
4. Place of Birth (Street and Number)	No 907 W Pratt St
5. Full Name of Mother	Berthey Schultzky
6. Mother's Maiden Name	" Gimber
7. Mother's Birthplace	Germiney
8. Full Name of Father	Anthony Schultzky
9. Father's Occupation	Carter
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Lindner
Address	~~No 45 Monroe~~ No 907 W Pratt ~~St~~ No 45 Monroe St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or ... in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* January 9th 1876

4. *Place of Birth* (Street and Number) Eden. & Holland

5. *Full Name of Mother* Prudencia Handyside

6. *Mother's Maiden Name* " Hardman

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Edward Handyside

9. *Father's Occupation* Black Smith

10. *Father's Birthplace* Yorkshire England

Name of Medical Attendant, or other Person who makes this Return. Thos. Schultz

Address 174 Orleans St.

Remarks Very Healthy

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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8675

HEALTH DEPT. JAN 5 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) _____

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 9 Januar
4. *Place of Birth (Street and Number)* 164 Lombard Strit
5. *Full Name of Mother* Luitgarde Vogel
6. *Mother's Maiden Name* Lix Lang
7. *Mother's Birthplace* Luitbourg
8. *Full Name of Father* Leitholf Vogel
9. *Father's Occupation* ~~Farmer~~ Bäcker
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Luitgarde Vogel

Address 14 Lombard Strit

Remarks

8679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st January
4. Place of Birth (Street and Number)	Cross St. N. 280
5. Full Name of Mother	Mary Mitchell
6. Mother's Maiden Name	Mary Worden
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Mitchell
9. Father's Occupation	Laber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Naylor
Address	West St N. 128.
Remarks	

Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8680

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* Jan 9th 1876

4. *Place of Birth* (*Street and Number*) 121 Druid Hill Ave

5. *Full Name of Mother* Elizabeth Kopp

6. *Mother's Maiden Name* " "

7. *Mother's Birthplace* Germany

8. *Full Name of Father* George Kopp

9. *Father's Occupation* Grocer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Greenawalt (Mrs)

Address 214 Preston St

Remarks Premature Birth one month before the time

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 9th 1876.
4. Place of Birth (Street and Number)	53 Republican Street
5. Full Name of Mother	F M Haekner
6. Mother's Maiden Name	F M. H Kiers.
7. Mother's Birthplace	Annapolies.
8. Full Name of Father	John B. Haekner
9. Father's Occupation	Machinest
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	56 Pearl Street
Remarks	

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

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8682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 9th 1876 42 s. Green Street.
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Ida Dahme
6. Mother's Maiden Name	Ida Schmitz
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Chas E. Dahme
9. Father's Occupation	Pharmaceutist
10. Father's Birthplace	Schomburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	9 January 1876
4. Place of Birth (Street and Number)	Bethel st between Fell & Aliceanna
5. Full Name of Mother	Maria Zelenka
6. Mother's Maiden Name	Maria Benda
7. Mother's Birthplace	Zeleliv in Bohemia
8. Full Name of Father	Johan Zelenka
9. Father's Occupation	Labor
10. Father's Birthplace	Cizkowic in Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Anna Olenarkowa
Address	Bartol
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Erstes Kind
1. Sex (state whether Male or Female)	Weiblich Kind
2. Race or Color (if not of the white race)	9ten Ivenuer
3. Date of Birth	Ann Str № 226.
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Helene Schrubet
6. Mother's Maiden Name	
7. Mother's Birthplace	gebohren aus Deutschland aus Niederwellingen
8. Full Name of Father	männlich Kind
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Federike Hund
Address	Dallas Str 247
Remarks	Hebamme

Rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5555
875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 / 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colred
3. *Date of Birth* Jan 9th 1876
4. *Place of Birth* (Street and Number) Peach Alley No. 56
5. *Full Name of Mother* Amily Penalton
6. *Mother's Maiden Name* Jonalure Robson
7. *Mother's Birthplace* Sumer Co Md
8. *Full Name of Father* Spencer Jaines
9. *Father's Occupation* Sailer
10. *Father's Birthplace* Rocken north calinia

Name of Medical Attendant, or other Person who makes this Return. Mealvus Robson

Address No 42 Peach Alley

Remarks

Extract Regulations of the Board of Health relative to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Secon Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Coulur
3. Date of Birth	January th 9 1876
4. Place of Birth (Street and Number)	~~Cambridge Md~~ S. Peach alley No 17
5. Full Name of Mother	Mary hill
6. Mother's Maiden Name	Mary Bayley
7. Mother's Birthplace	Cambridge M D
8. Full Name of Father	Robet hill
9. Father's Occupation	Baber
10. Father's Birthplace	Cambridge M D
Name of Medical Attendant, or other Person who makes this Return.	Lucy usher
Address	No 134 South Eutaw st
Remarks	Baltimore M D

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

865.1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th January 76
4. Place of Birth (Street and Number)	137 Madeira Alley
5. Full Name of Mother	Mary Horner
6. Mother's Maiden Name	" Bulmans
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Phillip F Horner
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	# 233 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 9th
4. Place of Birth (Street and Number)	No 44 S. Bond St
5. Full Name of Mother	Caroline Springel
6. Mother's Maiden Name	" Mack
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Springel
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Goetze
Address	No 33 S. Bond St
Remarks	

RETURN OF A BIRTH.

8689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
JAN
19
376
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 9th " 76
4. Place of Birth (Street and Number)	Fulton st 4th " 62
5. Full Name of Mother	Theresa Schupf
6. Mother's Maiden Name	Theresa Neuhaus
7. Mother's Birthplace	Hanover Germ
8. Full Name of Father	Peter Schupf
9. Father's Occupation	Carpenter
10. Father's Birthplace	Hanover Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Mid wife
Remarks	320 Allice Anna st

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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8690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 10th 1876
4. *Place of Birth (Street and Number)* 19 Oxford Street
5. *Full Name of Mother* Caroline Holden
6. *Mother's Maiden Name* Caroline Evans
7. *Mother's Birthplace* West river
8. *Full Name of Father* Lewis Holden
9. *Father's Occupation* Laborer
10. *Father's Birthplace* West river

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 45 Orchard Street

Remarks

Direct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 10th 1876.
4. Place of Birth (Street and Number)	Alley Jany St. F. P.
5. Full Name of Mother	Augusta Emeling Heckenroth.
6. Mother's Maiden Name	Augusta Emeling.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Christopher Heckenroth.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	98 S Chapel St. F.P.
Remarks	

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

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8692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
JAN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 10th 1876
4. Place of Birth (Street and Number)	89 Whatcoat St.
5. Full Name of Mother	Rebecca Eliza Holtzman
6. Mother's Maiden Name	Reed
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	Israel Holtzman
9 Father's Occupation	Expressman.
10. Father's Birthplace	Cumberland, Allegheny Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	William M. Murray M.D.
Address	S.E.Cor. Pattersons Ave. & Stricker St.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8693

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 10th 1876
4. Place of Birth (Street and Number)	255 E. Fayette St.
5. Full Name of Mother	Mary Schmick
6. Mother's Maiden Name	Rudolph
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John L. Schmick
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich M. D.
Address	94 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th [redacted] 1876 10 Forenoon
4. Place of Birth (Street and Number)	No 51 South Arlington Ave Balto Md
5. Full Name of Mother	Mrs Dora Langford
6. Mother's Maiden Name	Miss Dora Cole
7. Mother's Birthplace	Hampstead Carroll Co Md
8. Full Name of Father	William S. Langford
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mr Dunulan No 60 Seventeen St Balto
Address	No 60 Seventeen St Balto City Md
Remarks	Healthy Livin Born Children

rect Record of Vital Statistics in the City of Baltimore.

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8693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) color
3. *Date of Birth* 10 January 1876.
4. *Place of Birth* (Street and Number) Ten foot alley no 10.
5. *Full Name of Mother* Mary Hertz
6. *Mother's Maiden Name* Mary Johnson
7. *Mother's Birthplace* Eastern Shore Virginia
8. *Full Name of Father* John Hertz
9. *Father's Occupation* Driver
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Henri F Tolosa M. D.

Address Corner Aisquith and Fayette

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 16th 1876
4. *Place of Birth (Street and Number)* No 262 Chase st
5. *Full Name of Mother* Catherine Hettinger
6. *Mother's Maiden Name* Catherine Lipp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Hettinger
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Wagner

Address No 131 Monument st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8697

RETURN OF A BIRTH.

HEALTH DEPT. JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 January 1876
4. *Place of Birth (Street and Number)* 312 Dolphin Street
5. *Full Name of Mother* Christine Storch
6. *Mother's Maiden Name* Christine Smith.
7. *Mother's Birthplace* South Saxony
8. *Full Name of Father* Christian Storch.
9. *Father's Occupation* ———
10. *Father's Birthplace* Saxon

Name of Medical Attendant, or other Person who makes this Return. Mary Gitner

Address No 24 Schroeder St. Baltimore.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8698

HEALTH DEPART JAN 17 1875 BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother *(state whether 1st, 2d, 3d, &c.)*	2
1. Sex *(state whether Male or Female)*	Female
2. Race or Color *(if not of the white race)*	White
3. Date of Birth	10 January
4. Place of Birth *(Street and Number)*	6 Alley Ave No 7
5. Full Name of Mother	Mary Tresia Williams
6. Mother's Maiden Name	Mary Tresia Lyons
7. Mother's Birthplace	Light St
8. Full Name of Father	Williams Henry Williams
9. Father's Occupation	Labour
10. Father's Birthplace	Pitliam St
Name of Medical Attendant, or other Person who makes this Return.	Celestine Conway
Address	
Remarks	

8699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14th January 1876

4. Place of Birth (Street and Number) 16 Hoffman St.

5. Full Name of Mother Maria Eskew

6. Mother's Maiden Name " " Pickett

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Eskew

9. Father's Occupation Roofer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Eskew

Address 52 E Lombard St

Remarks

Extract from Regulations of the Board of Health in relation to Return and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan'y 10th 1876
4. Place of Birth (Street and Number)	115 Montgomery St.
5. Full Name of Mother	Emma Pearson Bowman
6. Mother's Maiden Name	
7. Mother's Birthplace	New Jersey
8. Full Name of Father	Lawson T. Pearson
9. Father's Occupation	Mariner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.W. cor. Hanover & Barre Sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 10th 1876
4. Place of Birth (Street and Number)	385 E. Baltimore St.
5. Full Name of Mother	Emily R. Clark
6. Mother's Maiden Name	E. R. Parker
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Eugene Roswell Clark
9. Father's Occupation	Lumber Merchant
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M.D.
Address	194 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 10. 1876,
4. Place of Birth (Street and Number)	No. 3. Clinton Av.
5. Full Name of Mother	Christiana Luckmann.
6. Mother's Maiden Name	" Laser.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Everhart Luckmann.
9. Father's Occupation	Fresco Painter.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fetterhoff M. D.
Address	77 George St.
Remarks	Healthy Child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. **Sex** (state whether Male or Female) Male
2. **Race or Color** (if not of the white race) white
3. **Date of Birth** January 10
4. **Place of Birth** (Street and Number) No 249 S Dallas St
5. **Full Name of Mother** Johanne Bunger
6. **Mother's Maiden Name** " Jenich
7. **Mother's Birthplace** Prussia
8. **Full Name of Father** Henry Bunger
9. **Father's Occupation** Labor
10. **Father's Birthplace** Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Ford St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 10
4. *Place of Birth (Street and Number)* 192 Register St
5. *Full Name of Mother* Florentine Hahn
6. *Mother's Maiden Name* " Drews
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* August Hahn
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Weidlage

Address No 289 S Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

8705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 f children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wife
3. Date of Birth	10 January
4. Place of Birth (Street and Number)	Johnson St. N. 148
5. Full Name of Mother	Mary Schuler.
6. Mother's Maiden Name	Mary Stecklin
7. Mother's Birthplace	Blumisfalm
8. Full Name of Father	John Schuler.
9. Father's Occupation	Laber
10. Father's Birthplace	Elsach.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mayer
Address	West St N. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8706

JAN 4 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 10th/76
4. Place of Birth (Street and Number)	74 Pennsylvania Ave
5. Full Name of Mother	Ida Breitenstein
6. Mother's Maiden Name	Ida Kreigesheim
7. Mother's Birthplace	Germany
8. Full Name of Father	Ferdinand Breitenstein
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Pendleton
Address	148 Mulberry corner Green St
Remarks	Child-Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3-rd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 11 1916
4. Place of Birth (Street and Number)	190 Carey avenue Balto
5. Full Name of Mother	Louisa Desch
6. Mother's Maiden Name	" Hagan
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Caspar S Desch
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G H Patterson M D
Address	28 Franklin " Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

Jan 11 th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan 10th 1876
4. *Place of Birth (Street and Number)* No. 276 Canton Ave.
5. *Full Name of Mother* Augusta Heim
6. *Mother's Maiden Name* Augusta Gohlke
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Heim
9. *Father's Occupation* Sailor.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Asst. H. Arnold

Address No. 137 S Wolfe St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8710
8709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 11 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th a.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 10th 1876.
4. *Place of Birth (Street and Number)* No. 243 Gough St.
5. *Full Name of Mother* Kate Rustenberg
6. *Mother's Maiden Name* Katie Selim
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Rustenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 S Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 10th 1876.
4. Place of Birth (Street and Number)	No 401 Scott St.
5. Full Name of Mother	Eliza Fisher.
6. Mother's Maiden Name	Eliza Wells.
7. Mother's Birthplace	Catonsville, Md.
8. Full Name of Father	Robert Fisher.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Sudbrille Queens-Ann County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy-Alley.
Remarks	Mrs.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan - 10 - 1876
4. Place of Birth (Street and Number)	173 Barre St.
5. Full Name of Mother	Martha E. Jones -
6. Mother's Maiden Name	Fairall
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Owen F. Jones -
9. Father's Occupation	Machinist
10. Father's Birthplace	St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 January
4. *Place of Birth (Street and Number)* 170 Durham street
5. *Full Name of Mother* Fanny Buemeles
6. *Mother's Maiden Name* Katz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Buemeles
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8744

HEALTH DEPARTMENT
JAN 19 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 11th 1876.
4. Place of Birth (Street and Number)	No 37 Bevren St.
5. Full Name of Mother	Anna Hallmann.
6. Mother's Maiden Name	Anna Hennemann
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Hallmann
9. Father's Occupation	Restaurant
10. Father's Birthplace	Hanover Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A Bull
Address	No 209. Monument St. Cor. Central avenue
Remarks	All well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 11th 1876.
4. Place of Birth (Street and Number)	No 147. N Spring St.
5. Full Name of Mother	Anna Baumber.
6. Mother's Maiden Name	Anna Eck
7. Mother's Birthplace	Germany.
8. Full Name of Father	John H. Baumber.
9. Father's Occupation	Cigar maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Wm. M. E. Bull
Address	No 209. Monument St. Cor. Central avenue.
Remarks	Bothwell.

8715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	Jan 11 1876
4. Place of Birth (Street and Number)	11 Parish alley
5. Full Name of Mother	Mary Elizabeth Yeates
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Balto City
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Yeates (mother)
Address	11 Parish alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan. 11th, 1876
4. *Place of Birth (Street and Number)* No 139 Elliot sts
5. *Full Name of Mother* L. Amelia Brewster
6. *Mother's Maiden Name* L Amelia Lean
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Brewster
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* City

Name of Medical Attendant [redacted] on who Return. Mrs E Buschmann

Address 120 Bank sts

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Wife
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 January 1876
4. Place of Birth (Street and Number)	Stockton Str 13
5. Full Name of Mother	Sofia Jaalensmith
6. Mother's Maiden Name	" " " Shall
7. Mother's Birthplace	Bavaria Germania
8. Full Name of Father	Henry Jaalensmith
9. Father's Occupation	Basket Maker
10. Father's Birthplace	Bavaria Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs Domlys
Address	No 13 Stockton Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8718

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11th January 76
4. *Place of Birth (Street and Number)* 758 Pa Ave
5. *Full Name of Mother* Sarah Louisa Goldsbell
6. *Mother's Maiden Name* " " Bonnier
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* James Edward Goldsbell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address 89 N. Greene St.

Remarks

8719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 11th 1876
4. Place of Birth (Street and Number)	Cor. Chapelank & Gough sts.
5. Full Name of Mother	Anna C Schüssele
6. Mother's Maiden Name	Anna C. Adolf
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Schüssele
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bashmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Shild

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* the 11. of Januar
4. *Place of Birth (Street and Number)* Eager Street No. 1896
5. *Full Name of Mother* Roseally Gruenther
6. *Mother's Maiden Name* Roseally Wise
7. *Mother's Birthplace* Born in Baltimore
8. *Full Name of Father* Adolph Gruenther
9. *Father's Occupation* Carpet Weaver
10. *Father's Birthplace* Born in Alding Wedenberg Segermang.

Name of Medical Attendant, or other Person who makes this Return. Wurlbinger Miller

Address Sterling St No 165.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 11th 1876
4. Place of Birth (Street and Number)	No 290 Cross st.
5. Full Name of Mother	Wilhelmine Nolte
6. Mother's Maiden Name	Helmeier
7. Mother's Birthplace	Germany
8. Full Name of Father	Hermann Nolte
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Schwaster midwife
Address	213 Cross st.
Remarks	

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

8722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* ~~Born in Baltimore City~~ January 11 1876 8 o'clock
4. *Place of Birth* (Street and Number) 245 South Eutaw St Baltimore City
5. *Full Name of Mother* Laura Jones
6. *Mother's Maiden Name* Laura Wilson
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Thomas Jones
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Canada

Name of Medical Attendant, or other Person who makes this Return. Catherine Sawyer

Address 214 Dover St Baltimore Md

Remarks

Correct Report of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11th 1876
4. Place of Birth (Street and Number)	Eager near Milton
5. Full Name of Mother	Emily Hillman
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Augustus Hillman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

RETURN OF A BIRTH.

57211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th January 1875
4. Place of Birth (Street and Number)	No 5 Fishpaw
5. Full Name of Mother	Mary Matilda Brown
6. Mother's Maiden Name	Mary Matilda Gifford
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Wm. A. Brown
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	John F. Monnington M.D.
Address	S. W. Cor. Calvert & Read
Remarks	

JAN 17 1875

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	11 January 1876.
4. Place of Birth (Street and Number)	136 Bank St.
5. Full Name of Mother	Hannetta Beck
6. Mother's Maiden Name	" Sheid
7. Mother's Birthplace	Russia
8. Full Name of Father	Jacob Back
9. Father's Occupation	Laborer.
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mark Koth
Address	328 South Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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8726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* ~~Colored~~ Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 11th 76
4. *Place of Birth (Street and Number)* ~~—~~ Mulliken st near Broadway
5. *Full Name of Mother* Hennie Dale
6. *Mother's Maiden Name* Hennie Boyer
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* Chas Hall
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Thomas Haywood

Address 21 Mulliken st

Remarks The Child was Stillborn

8727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January the 11th 1876
4. Place of Birth (Street and Number)	57 Centre Market
5. Full Name of Mother	Chatherina Dow Low
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Scottland
8. Full Name of Father	James Dow
9. Father's Occupation	Border
10. Father's Birthplace	Scottland
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Negro

3. Date of Birth Jan 11 76

4. Place of Birth (Street and Number) 31 Orchard

5. Full Name of Mother Mary Anthony

6. Mother's Maiden Name Mary Butler

7. Mother's Birthplace Virginia

8. Full Name of Father Johnathan Anthony

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. M. Davis M.D.

Address Co. Physician & Accoucheur

Remarks

RETURN OF A BIRTH.

87257

JAN 14 1976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Jany 11th 1876

4. Place of Birth (Street and Number) No 18 Federal Street Ward

5. Full Name of Mother Sarah A Boyd

6. Mother's Maiden Name Sarah A Foster

7. Mother's Birthplace Balto

8. Full Name of Father Andrew Jackson Boyd

9. Father's Occupation Sea Captain

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Sam'l H Powell M.D.

Address No 29 Fitzgerald St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* janury 11 187o
4. *Place of Birth* (Street and Number) 90 Am strel
5. *Full Name of Mother* Rosa smith
6. *Mother's Maiden Name* tolbert county
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Jon Costen
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Sarh Light

Address 247 Albem Street

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th January 1876
4. Place of Birth (Street and Number)	31 North Castle st
5. Full Name of Mother	Maggie Boyce
6. Mother's Maiden Name	Maggie Glaser
7. Mother's Birthplace	Baltimore county
8. Full Name of Father	Edward Glaser
9. Father's Occupation	Tinman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Crescentia Kunkel
Address	71 North Chapel / John Kunkel
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8732
8733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Both at Same

1. Sex (state whether Male or Female) Twins. colored One Male & one Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 11th 1876

4. Place of Birth (Street and Number) No. 2 South Ann Street

5. Full Name of Mother Gracie O'Neal

6. Mother's Maiden Name Gracie O'Neal

7. Mother's Birthplace West River

8. Full Name of Father George Washington

9. Father's Occupation Hostler

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Francis Cantk

Address No. 10 Penn Alley

Remarks

advised by Regulations of the Board of Health of the Bureau of Vital Statistics in the City of Baltimore. ...dress within six ... born, its or their physical co... of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5731

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 12. January 1876
4. *Place of Birth* (Street and Number) 39 Fountain
5. *Full Name of Mother* Mary Roth
6. *Mother's Maiden Name* Hammer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Roth
9. *Father's Occupation* Glazier
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Mathieu, Dr.

Address 39 E. Fountain

Remarks

Direct Record of Vital Statistics to the City of Baltimore.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Male
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 12th 1876
4. Place of Birth (Street and Number)	57 Bank St
5. Full Name of Mother	Sarah Margaret Carnack
6. Mother's Maiden Name	M. Griffith
7. Mother's Birthplace	Annarundle Co Md
8. Full Name of Father	James Carnack
9. Father's Occupation	Coal Dealer
10. Father's Birthplace	Penna Luzerne Co Md
Name of Medical Attendant, or other Person who makes this Return.	E Emerick
Address	57 E Balto St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8736

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 12 1876
4. *Place of Birth (Street and Number)* 9 Stockton Alley
5. *Full Name of Mother* Lucinder Elliott
6. *Mother's Maiden Name* Lucinder Innes
7. *Mother's Birthplace* West River
8. *Full Name of Father* John Elliott
9. *Father's Occupation* Hostler
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Doctress

Address No 85 Orchard Street

Remarks

RETURN OF A BIRTH.

8734

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 12
4. *Place of Birth (Street and Number)* 113 Cookies st Loucest Town
5. *Full Name of Mother* Ellen. Elibth. Williams
6. *Mother's Maiden Name* Ellen Elibth. Nagle
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John. Boalond. Williams
9. *Father's Occupation* Leabor
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Marget. Ertl

Address Excuse me fore I was sick and could not go for

Remarks The Book

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee! Record of Vital Statistics in the City of Baltimore.

8738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
JAN
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 12th
4. Place of Birth (Street and Number)	No 201 Lee St
5. Full Name of Mother	Margt Roulston
6. Mother's Maiden Name	" McLean
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Roulston
9. Father's Occupation	Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Gay
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 12th 1916
4. *Place of Birth (Street and Number)* No 22 Orchard street
5. *Full Name of Mother* Victoria Blackston
6. *Mother's Maiden Name* Victoria Stefanary
7. *Mother's Birthplace* Anna arundel County
8. *Full Name of Father* John H Blackston
9. *Father's Occupation* Waiter on the car
10. *Father's Birthplace* Anna arundel County

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Doctress

Address no 22 orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8710

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan 12 Januar
4. *Place of Birth (Street and Number)* Stirling St No 167
5. *Full Name of Mother* Rosa Louise Klausner Gärtner
6. *Mother's Maiden Name* Rosalina Klausner Mayer
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* ~~Julius~~ Gustav Heinrich Hermann Hermann
9. *Father's Occupation* Tagelöhner Erinnerung Marking Gärtner
10. *Father's Birthplace* Gustav Heinrich Hermann

Name of Medical Attendant, or other Person who makes this Return. Wurlbrunger & Miller

Address Stirling St No 165.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 12th 1876
4. Place of Birth (Street and Number)	26 Cecil Street Baltimore
5. Full Name of Mother	Sarah ~~Drunklinger~~ Hannah Drunklinger
6. Mother's Maiden Name	Sarah Hannah Brown
7. Mother's Birthplace	Newtown Md
8. Full Name of Father	William Henry Drunklinger
9. Father's Occupation	Shucking Oysters
10. Father's Birthplace	unknown
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Emily Hughes
Address	No 230 West Street Baltimore Md
Remarks	

JAN 18 1876 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 12. January 1876.
4. *Place of Birth (Street and Number)* No 29 Elizabeth Lane.
5. *Full Name of Mother* Katherine Clark.
6. *Mother's Maiden Name* Katherine Tye.
7. *Mother's Birthplace* England.
8. *Full Name of Father* James Clark.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mrs Katherine Horner

Address No. 29. Elizabeth Lane.

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

8711-3

HEALTH DEPT. JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12th 1876
4. *Place of Birth (Street and Number)* 422 Read St
5. *Full Name of Mother* Bessie Dobbin
6. *Mother's Maiden Name* Bessie Harrison
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas M. Dobbin
9. *Father's Occupation* Attorney at Law.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Whitridge Williams M.D

Address 1114 Park ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Allowed by the Commissioners of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8744

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 12. 1876.
4. Place of Birth (Street and Number)	N.E. Corner Bond & Madison Sts.
5. Full Name of Mother	Ann Olivia Rutledge
6. Mother's Maiden Name	Ann Olivia Chenowith.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Joshua L. Rutledge
9. Father's Occupation	Builder
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. H. Hoch M.D.
Address	75 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

8745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 12 1876
4. *Place of Birth (Street and Number)* Sterling St near 216
5. *Full Name of Mother* Mary E. Hall
6. *Mother's Maiden Name* " " McElveen
7. *Mother's Birthplace* Georgetown D C
8. *Full Name of Father* Whitfield A Hall
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ursula [illegible]
Address 129 E Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8746

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
19
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 12 d 1876
4. Place of Birth (Street and Number)	14 81 Mc. Henry st.
5. Full Name of Mother	Emilie Kissner
6. Mother's Maiden Name	Kiehling
7. Mother's Birthplace	America
8. Full Name of Father	Emil Kissner
9. Father's Occupation	Painter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

8747

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 12 d 1876
4. Place of Birth (Street and Number)	No 164 Hamburg st
5. Full Name of Mother	Cathrin Osten
6. Mother's Maiden Name	Conrad
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Osten
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. P. Isaacs midwife
Address	213 Cross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8748

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th January 1876
4. Place of Birth (Street and Number)	No 826 West Baltimore St.
5. Full Name of Mother	Mrs Johanna Bauer.
6. Mother's Maiden Name	Johanna Lieberknecht
7. Mother's Birthplace	Brunswick
8. Full Name of Father	George Bauer.
9. Father's Occupation	Cabinetmaker.
10. Father's Birthplace	Muehlhausen Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunlap No 60 Schroeder St Bty
Address	No 60 Schroeder St Bet City Md
Remarks	Healthy Living Born child

8749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Jan. 12. 76

4. Place of Birth (Street and Number) 21 St. Mary's

5. Full Name of Mother Emma Johnson

6. Mother's Maiden Name Yates

7. Mother's Birthplace Baltimore

8. Full Name of Father Thos. A. Johnson

9. Father's Occupation Sail Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. Stevens M.D.

Address Cor. Stricker & Pratt

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 th January 1876
4. Place of Birth (Street and Number)	Baltimore Md Eastern ave No 391
5. Full Name of Mother	Sophia Fey Schonhoff.
6. Mother's Maiden Name	" Fey
7. Mother's Birthplace	Jerxheim Baden
8. Full Name of Father	Chas Bernhard Schonhoff.
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Peterson Park avenue
Remarks	

8757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

CITY DEPARTMENT JAN 13 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 12th 1896
4. Place of Birth (Street and Number)	160 Harford Ave
5. Full Name of Mother	Elizabeth B. Hall
6. Mother's Maiden Name	Elizabeth B Hall
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Rufus G. Bragg
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 January
4. *Place of Birth (Street and Number)* 70 Wyatt
5. *Full Name of Mother* Caminda Weidler
6. *Mother's Maiden Name* Pfaehler
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Frank Weidler
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Manfredi

Address 328 Forest Ridge

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57353

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) American race

3. Date of Birth January 19th 1876

4. Place of Birth (Street and Number) 9 Eliot St ft 212

5. Full Name of Mother Kunigunda Wolfle.

6. Mother's Maiden Name " Eckhardt.

7. Mother's Birthplace Bayern Europe

8. Full Name of Father George Wolfle

9. Father's Occupation Bayern Europe

10. Father's Birthplace Furniture Dealer

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hellig

Address 48 Holland St Baltimore City.

Remarks

8754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Grace Neal 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 12th 1876

4. Place of Birth (Street and Number) Sabah Ann. St No 64

5. Full Name of Mother Grace Neal

6. Mother's Maiden Name

7. Mother's Birthplace Washington Cty D. C.

8. Full Name of Father Grace Washington

9. Father's Occupation Hostler Waiter

10. Father's Birthplace Eastern Shore Md Kent Co

Name of Medical Attendant, or other Person who makes this Return. Emma Cook

Address No 10. Penn Alley

Remarks

Wm C Gray 65 Mulberry St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

8755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 12 day of January
4. *Place of Birth* (Street and Number) cantonavenue 504
5. *Full Name of Mother* sarah f gilliland sarah f funk
6. *Mother's Maiden Name* sarah f gilliland
7. *Mother's Birthplace* harford county
8. *Full Name of Father* peter funk
9. *Father's Occupation* puddler
10. *Father's Birthplace* baltimore county

Name of Medical Attendant, or other Person who makes this Return.

Address mary conner 153 chaptank st

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8756

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 13th 1876.
4. *Place of Birth (Street and Number)* No. 45 Chew St
5. *Full Name of Mother* Laura Jane Evans
6. *Mother's Maiden Name* " " Bramble
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Randolph Evans
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Geo H. Hayson

Address No. 189 Aisquith St

Remarks

Fee Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 b child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 13 1876
4. Place of Birth (Street and Number)	216 Warner St
5. Full Name of Mother	Mary Monroe
6. Mother's Maiden Name	Mary Cornish
7. Mother's Birthplace	Baltimore Co.
8. Full Name of Father	Levie Cornish
9. Father's Occupation	Oyster Opener
10. Father's Birthplace	Dorchester Co.
Name of Medical Attendant, or other Person who makes this Return.	Leath Cornish
Address	216 Warner St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

-8758

RETURN OF A BIRTH.

HEALTH DEPARTMENT
1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of children born, its or their physical condition, whether still born or not, the full name, residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* January 13th 1916

4. *Place of Birth (Street and Number)* 214 Chestnut Alley

5. *Full Name of Mother*

6. *Mother's Maiden Name* Sarah E. Johnson

7. *Mother's Birthplace* Queen Anne County Md.

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Chester Bodeley Doctress

Address no 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5759

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 20 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 13.
4. Place of Birth (Street and Number)	75 Barre St
5. Full Name of Mother	Eliza Stroheman
6. Mother's Maiden Name	Eli Bordner
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Wm Stroheman
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 Smithson Island St
Remarks	

8760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPAR
JAN
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th January
4. Place of Birth (Street and Number)	552 S. Gay-st
5. Full Name of Mother	Kate Dillinger
6. Mother's Maiden Name	Kate Lupe
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob F. Dillinger
9. Father's Occupation	Cutler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Godske
Address	Mrs Godske 55 S Bond st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8.761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 January
4. *Place of Birth (Street and Number)* 260 Chaptank Street
5. *Full Name of Mother* July Grossmeck
6. *Mother's Maiden Name* Herman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Grossmeck
9. *Father's Occupation* Karpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore, relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8762

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 January
4. *Place of Birth (Street and Number)* 55 Durham Street
5. *Full Name of Mother* Agnes May
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* ~~Same~~ Conrad May
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 90 Granby Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8763

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	13 of Jan. 76
4. Place of Birth (Street and Number)	210 north wolf st
5. Full Name of Mother	Elizabeth ann Bruff
6. Mother's Maiden Name	Sharkey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas E Bruff
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 Mc Donogh st
Remarks	

RETURN OF A BIRTH.

8761

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	13 of Jan 1876
4. Place of Birth (Street and Number)	382 East madison st
5. Full Name of Mother	george levenia Forester
6. Mother's Maiden Name	Joyce
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John F Forester
9. Father's Occupation	bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary st Atwell
Address	296 McDonogh st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13th Jan. 1876
4. *Place of Birth (Street and Number)* 126 E Fayette st.
5. *Full Name of Mother* Rosa ~~Edward~~ Stevenson
6. *Mother's Maiden Name* Rosa Gis
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Stevenson
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st.

Remarks

Vital Records of the State of Maryland — City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
JAN
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Jany 13th 1876.

4. *Place of Birth* (Street and Number) 82 S. Washington St.

5. *Full Name of Mother* Lydia A. Morrow,

6. *Mother's Maiden Name* Lydia A. Fogleman

7. *Mother's Birthplace* Cincinatti, Ohio,

8. *Full Name of Father* James L. Morrow,

9. *Father's Occupation* Asst Commissioner

10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. J. Glanville, Cusk Cm. D.

Address Balt. & Washington, Sts.

Remarks Natural.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 15 1876 BALTIMORE

Emma Christina Linck

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 13th January 1876
4. Place of Birth (Street and Number) 42 Fayette St.
5. Full Name of Mother Mary ~~Linck~~ Linck " Heinreicke
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father Fredrick ~~Linck~~ Linck
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks CERTIFICATE CORRECTED 4-22-53 L.M.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JAN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth /
1. Sex (~~state whether~~ Male or ~~Female~~)	Male
2. Race ~~or Color (if not of the white~~ race)	White
3. Date of Birth	January 13th 1876
4. Place of Birth (Street and Number)	193 Lee St.
5. Full Name of Mother	Margaret E. Donohue
6. Mother's Maiden Name	Margaret E. Simmons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Donohue
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Edward McDevitt
Address	137 N. Exeter St.
Remarks	

Direct Regard of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8769

RETURN OF A BIRTH.

HEALTH DEPARTMENT
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 13th 1876

4. Place of Birth (Street and Number) Lee Street No 247

5. Full Name of Mother Kate Jessica Weaver

6. Mother's Maiden Name Kate Jessica Sedley

7. Mother's Birthplace Baltimore City

8. Full Name of Father Preston Clarke Weaver

9. Father's Occupation Barrister

10. Father's Birthplace Providence R.I.

Name of Medical Attendant or other Person who makes this Return. W.M. Howard, M.D.

Address 228 Saratoga St

Remarks Natural Labour of 6 hours duration
perfectly healthy

reat Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. *Jan. 14th 1876*

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 13th 1876
4. *Place of Birth (Street and Number)* No. Bassett St.
5. *Full Name of Mother* F. Hamann.
6. *Mother's Maiden Name* F. Sattler.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Faltin Hamann.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No. 137 S. Wolfe St.

Remarks ———

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 13 1916

HEALTH DEPARTMENT JAN 13 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 13th 1916
4. *Place of Birth (Street and Number)* No. 248 S. Durham St.
5. *Full Name of Mother* Lizzie Smith
6. *Mother's Maiden Name* Lizzie Krüger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christ Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arnold

Address 1437 S. Wolfe St.

Remarks ———

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

8772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 January 1876
4. Place of Birth (Street and Number)	255 S Hamburg st.
5. Full Name of Mother	Carolina Hucker
6. Mother's Maiden Name	" Shafer
7. Mother's Birthplace	Balto.
8. Full Name of Father	John Hucker
9. Father's Occupation	Lithographer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary Koh
Address	628 South Eutaw St
Remarks	

Penalty for neglecting to make Returns of Births and Deaths.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colord
3. Date of Birth	fifth isnt
4. Place of Birth (Street and Number)	corner of perry yellia
5. Full Name of Mother	george anna word · clarietta
6. Mother's Maiden Name	maiden name unnoone
7. Mother's Birthplace	virginia
8. Full Name of Father	william word
9. Father's Occupation	sea salor
10. Father's Birthplace	virginia
Name of Medical Attendant, or other Person who makes this Return.	no medical attendant
Address	
Remarks	mrs Lydia Porter

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan. 13th, 76.
4. *Place of Birth* (Street and Number) # 205 Dugan St.
5. *Full Name of Mother* Eliza - Jane Wilson
6. *Mother's Maiden Name* Eliza Jane Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Isaiah Morrison
9. *Father's Occupation* Cook
10. *Father's Birthplace* West - Indies

Name of Medical Attendant, or other Person who makes this Return. N. B. O'Reilly, M. D.

Address # 235 - N. Broadway

Remarks Laterals Presentation, Labor lasting - 12 hours & four hours

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* January 14th 1876.
4. *Place of Birth* (Street and Number) No 178 Johnson Street.
5. *Full Name of Mother* Ida Stevens.
6. *Mother's Maiden Name* Ida Joyce.
7. *Mother's Birthplace* Balto City Md.
8. *Full Name of Father* Robert Stevens.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea L. Bourne.

Address 114 Battery Av.

Remarks

8776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 14th 1876
4. Place of Birth (Street and Number)	No 72 Seubert St L O
5. Full Name of ~~Mother~~	Father John H G
6. Mother's Maiden Name	Christina Schaberlin
7. Mother's Birthplace	France
8. Full Name of ~~Father~~	mother Christina H G.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs J Attle
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14 Jany 1876

4. Place of Birth (Street and Number) 157 Preston st

5. Full Name of Mother Susan Neugerbauer

6. Mother's Maiden Name " Spaeser

7. Mother's Birthplace Prussia

8. Full Name of Father Albert Neugerbauer

9. Father's Occupation Shoemaker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. G. Lane Tanneyhill

Address 129 W Biddle St

Remarks Child weighed 10¼ lbs—

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8778

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 14th January 1876

4. Place of Birth (Street and Number) 70 S. Wolfe St.

5. Full Name of Mother Louisa Ag. Bonaparte

6. Mother's Maiden Name Louisa Ag. Bonaparte

7. Mother's Birthplace Pennsylvania

8. Full Name of Father John Bonaparte

9. Father's Occupation Brewer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. Hodges

Address 235 S. Wolfe St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jaunry 14th 1876
4. Place of Birth (Street and Number)	cor Dillon & Aveun
5. Full Name of Mother	Francis Brendel
6. Mother's Maiden Name	Francis Decker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Brendel
9. Father's Occupation	Milk Business
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

8759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Jan. 14th 1876

4. *Place of Birth* (Street and Number) 49 N. Broadway

5. *Full Name of Mother* Mary Cochran

6. *Mother's Maiden Name* Mary Norris

7. *Mother's Birthplace*

8. *Full Name of Father* Wm. J. Cochran

9. *Father's Occupation* Founder

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. J. M. P. Bates

Address 73 E. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 14 1876

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d a

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Jan 14th 1876.

4. *Place of Birth (Street and Number)* No 313 Canton Ave.

5. *Full Name of Mother* Mary Hilterbrandt

6. *Mother's Maiden Name* Mary Samed

7. *Mother's Birthplace* America

8. *Full Name of Father* Charles Hilterbrandt

9. *Father's Occupation* Laborer

10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Wm H Smead.

Address No 132 S Wolfe St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 14
4. *Place of Birth (Street and Number)* yeast Baltimore Fayette st No 103
5. *Full Name of Mother* Anna T O'Donnell
6. *Mother's Maiden Name* Anna T Devlin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H O'Donnell
9. *Father's Occupation* Carpentering
10. *Father's Birthplace* Harford county. Md

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chreiner

Address 179 E Monument St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
JAN 17 1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 14th 1875
4. *Place of Birth (Street and Number)* 161 Forrest
5. *Full Name of Mother* Mary E. Brennan
6. *Mother's Maiden Name* Mary E. Miller
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Peter Brennan
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dennis Kellegher

Address 161 Forrest

Remarks

RETURN OF A BIRTH.

5784

HEALTH DEPART 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex (state whether Male or Female)* Weibling
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 14 January
4. *Place of Birth (Street and Number)* 426 Gay Street
5. *Full Name of Mother* Louisa Lewis
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Louis Lewis
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Lutherine Mims

Address 74 Secretary Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White.

3. Date of Birth January 16th 1876.

4. Place of Birth (Street and Number) 41 S Ann st.

5. Full Name of Mother Eliza Jane Roberts.

6. Mother's Maiden Name Eliza Jane Phelps.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father William Charles Roberts.

9. Father's Occupation Engineer.

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Bothwell.

Address 207 S Broadway

Remarks Premature.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. January 17 1876

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 14
4. Place of Birth (Street and Number)	1051 South Green St
5. Full Name of Mother	Eliza Jane
6. Mother's Maiden Name	McElwain
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Simpson
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunbar
Address	
Remarks	

8787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 18 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 of January
4. Place of Birth (Street and Number)	No. 124 Montgomery St.
5. Full Name of Mother	Addie Shuckanons.
6. Mother's Maiden Name	Addie moor,
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Capt. Jas J. Shuckans,
9. Father's Occupation	mariner
10. Father's Birthplace	Dorchester Co. md.
Name of Medical Attendant, or other Person who makes this Return.	Thos Martin
Address	West St N. 128.
Remarks	

8788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	born the 14th of January 1876
4. Place of Birth (Street and Number)	63 Sixth Street
5. Full Name of Mother	Mary Lyon
6. Mother's Maiden Name	Mary Hackett
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hackett
9. Father's Occupation	Police Officer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Kunkel
Address	71 North Chapel Street for John Kunkel
Remarks	Delicate

8789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 14th 1876

4. Place of Birth (Street and Number) No 19 Nelson st

5. Full Name of Mother Kate Lemp

6. Mother's Maiden Name Kate Thuid

7. Mother's Birthplace Germany

8. Full Name of Father Adam Lemp

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis Siegert

Address No 184 Monument st

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1916 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	alas loyless
1. Sex (state whether Male or Female)	2d child male
2. Race or Color (if not of the white race)	colord
3. Date of Birth	ganry 14th
4. Place of Birth (Street and Number)	hill st court no 1
5. Full Name of Mother	alas loyless
6. Mother's Maiden Name	maden name unk
7. Mother's Birthplace	eastern shore md
8. Full Name of Father	william loyless
9. Father's Occupation	laborer
10. Father's Birthplace	eastern shore md
Name of Medical Attendant, or other Person who makes this Return.	no medical attendant
Address	
Remarks	the reasen why I did not send these cases in sooner I had no money to buy stamps

I did Dorter

8791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	January the 14th 1876
4. Place of Birth (Street and Number)	35 N Durham Street
5. Full Name of Mother	Daley Darkin
6. Mother's Maiden Name	" Soil
7. Mother's Birthplace	Harford County Md.
8. Full Name of Father	Andrew Darkin
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester County Md.
Name of Medical Attendant, or other Person who makes this Return	Rebeka Philips
Address	No 20 N Durham Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8792

RETURN OF A BIRTH.

HEALTH DEPT. JAN 10 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) This child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth January 14 1916

4. Place of Birth (Street and Number) 16 Lovitt St

5. Full Name of Mother Sarah Schramm

6. Mother's Maiden Name Sarah Le Cornier

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father James Schramm

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Rachel Leggett

Address 435 Lancaster St

Remarks

8793

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Friday January 14/1876
4. Place of Birth (Street and Number)	Corner Franklin & State Streets
5. Full Name of Mother	Mary Ringgold
6. Mother's Maiden Name	Mary Bond
7. Mother's Birthplace	Hartford County. Virginia
8. Full Name of Father	John Littlejohn
9. Father's Occupation	Coffee Cleaner
10. Father's Birthplace	Eastern Shore. Virginia
Name of Medical Attendant, or other Person who makes this Return.	Chubb
Address	No 44 N. Stark. St.
Remarks	

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8794

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 14th 1876
4. *Place of Birth* (Street and Number)	No 22. Register St. Balto. City
5. *Full Name of Mother*	Amelia Peters.
6. *Mother's Maiden Name*	Amelia Sloas.
7. *Mother's Birthplace*	Hesses Darmy.
8. *Full Name of Father*	Steven Peters
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Prussia Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr. M. F. Bull.
Address	No. 209 Monument St. Cor. Central Avenue
Remarks	Both well

8795

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	14 January 1876
4. Place of Birth (Street and Number)	75 Hillman Ste.
5. Full Name of Mother	Mary Blomberg
6. Mother's Maiden Name	Kolmer
7. Mother's Birthplace	Germany
8. Full Name of Father	Herman Blomberg
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Hillen
Address	151 E. Pratt St.
Remarks	

Penalty.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8796

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 14th 1876
4. *Place of Birth (Street and Number)* 777 Arlington st.
5. *Full Name of Mother* Anna Lynch
6. *Mother's Maiden Name* Anna Feeney
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Smith
9. *Father's Occupation* Boarding Scales
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 125 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	N.E. cor George & Fremont sts
4. Place of Birth (Street and Number)	January 24th 1876.
5. Full Name of Mother	Juliet Ann Gosnell
6. Mother's Maiden Name	Juliet Ann Kerr
7. Mother's Birthplace	Gettsburg Pa
8. Full Name of Father	Talbott Gosnell
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington M.D.
Address	210 Franklin st,
Remarks	

Peel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
JAN
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 14
4. Place of Birth (Street and Number)	R. 80 East Madison St Baltimore Md
5. Full Name of Mother	Emily Fagan
6. Mother's Maiden Name	Emily Hanson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Hugh E Fagan
9. Father's Occupation	Labour
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	327 East Monument
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 14th 1876
4. *Place of Birth (Street and Number)* 12 2 Vine Street Co. nch
5. *Full Name of Mother* Ellennora Cole
6. *Mother's Maiden Name* Ellennora Williams
7. *Mother's Birthplace* Prince George County
8. *Full Name of Father* Isaih Cole
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Richmon Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
JAN 22 876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* January 14th 1876. 216 Lexington St.

4. *Place of Birth* (Street and Number)

5. *Full Name of Mother* Caroline Hamig

6. *Mother's Maiden Name* Wurtenberg Germany

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sophia Wenzel

Address 56 Pearl St.

Remarks The mother of this child is not married

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 15th 1876
4. *Place of Birth* (Street and Number)	238 Constitution St
5. *Full Name of Mother*	Adella Hooper
6. *Mother's Maiden Name*	Adella King
7. *Mother's Birthplace*	Balto. Md
8. *Full Name of Father*	Frank Hooper
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas W Hunter
Address	111 Greenmount Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) seventh

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White.

3. Date of Birth January 15th

4. Place of Birth (Street and Number) 30 Barnet St.

5. Full Name of Mother Anna Fuka

6. Mother's Maiden Name " Schott.

7. Mother's Birthplace Zhusi. Bohemia.

8. Full Name of Father Josef Fuka

9. Father's Occupation Laborer

10. Father's Birthplace Tailor

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet St.

Remarks

8803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white race
3. Date of Birth	January 15th 1876.
4. Place of Birth (Street and Number)	Jackson court no 1
5. Full Name of Mother	Caroline Kuehn
6. Mother's Maiden Name	Caroline Kuckner
7. Mother's Birthplace	Wurtemberg
8. Full Name of Father	August F. Kuehn
9. Father's Occupation	Baker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Miss. Dimler
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8811

HEALTH DEPARTMENT JUN 27 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 15th
4. Place of Birth (Street and Number)	Dallas Ter. 263
5. Full Name of Mother	Barbara Hamilton
6. Mother's Maiden Name	Barbara Ridel
7. Mother's Birthplace	Balto
8. Full Name of Father	Daniel Hamilton
9. Father's Occupation	Painter
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	A. Koch
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5816

HEALTH DEPARTMENT
JAN
27
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Color Colard race
3. Date of Birth	Jan 16. 1876
4. Place of Birth (Street and Number)	Chesnut Street 114 Bal
5. Full Name of Mother	Matilda Harris
6. Mother's Maiden Name	Matilda Johnson
7. Mother's Birthplace	King & Queen Co Va
8. Full Name of Father	William Johnson
9. Father's Occupation	farmmer
10. Father's Birthplace	King William Co Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sophia Lines
Address	2 R 185 Chesnut
Remarks	St.

8806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th January 1876
4. *Place of Birth (Street and Number)* 11 Pitt St.
5. *Full Name of Mother* Lydia Locher
6. *Mother's Maiden Name* Horan
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Nicholas Locher
9. *Father's Occupation* tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

Clerk Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. Sex (*state whether ~~Male or~~ Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth 15 January 1876

4. Place of Birth (*Street and Number*) No 250 E. Madison St

5. Full Name of Mother Mary Louisa Shafer

6. Mother's Maiden Name Mary " Ford

7. Mother's Birthplace Baltimore City

8. Full Name of Father Florence Elias Shafer

9 Father's Occupation Wine Cutter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell.

Address N. E. Cor Broadway & Madison sts.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 Inst
4. Place of Birth (Street and Number)	Baltimore Harford Av 1058
5. Full Name of Mother	Emma F Smiley
6. Mother's Maiden Name	Lawrence
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Smiley
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Susanah Frond Harford Av Baltimore
Address	
Remarks	

RETURN OF A BIRTH.

8809

HEALTH DEPART
JAN
20
876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Col
3. Date of Birth	January the 15th 1876
4. Place of Birth (Street and Number)	Carolton St between Harlem & Edmondson Av
5. Full Name of Mother	Francis Ann Hopkins
6. Mother's Maiden Name	" " " Wright
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jerry Hopkins
9. Father's Occupation	Waiter
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	Sarah Brown
Address	152 Townsent Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8810

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART JAN 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 January.
4. Place of Birth (Street and Number)	326. South Eutaw st.
5. Full Name of Mother	Elizabetha Wolfe
6. Mother's Maiden Name	" Knickmeier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Wolfe
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 Eutaw st
Remarks	

8811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* January 18.

4. *Place of Birth* (Street and Number) 60 Camden St

5. *Full Name of Mother* Catharine Wiedling

6. *Mother's Maiden Name* " Clorz

7. *Mother's Birthplace* Kur Hessen Germ.

8. *Full Name of Father* Herman Wiedling

9. *Father's Occupation* Confectioner

10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Kerb

Address 328. South Eutaw

Remarks

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colod
3. Date of Birth	Williamson alley 41
4. Place of Birth (Street and Number)	January 15 1876
5. Full Name of Mother	Nelly Tyler
6. Mother's Maiden Name	Nelly Dilly
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Ras Dilly
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Mary Chase
Address	Midwife.
Remarks	No 6 Richards court

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 15th 1876
4. Place of Birth (Street and Number)	No 62 Milliman St.
5. Full Name of Mother	Sarah Jane Thompson
6. Mother's Maiden Name	Sarah Jane Bell.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Francis Thompson
9. Father's Occupation	Brass Finisher.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A Bull
Address	No. 209 Monument St. Cor. Central avenue.
Remarks	Scarlet fever.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88111

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 15th January 1876
4. *Place of Birth* (Street and Number) #88 Gough St
5. *Full Name of Mother* Amelia Stevens
6. *Mother's Maiden Name* Amelia Stevens
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm Stevens
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Howard County Md.

Name of Medical Attendant, or other Person who makes this Return. J. M. Lindsey

Address #228 S. Linthicum St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) a Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 14 76

4. Place of Birth (Street and Number) 16 23 Shuter St

5. Full Name of Mother Lucian Cornish

6. Mother's Maiden Name L Johnson

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Joseph Cornish

9. Father's Occupation Worke in Shugar house

10. Father's Birthplace Ballimore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford midwife

Address 130 N Leister St Baltimore

Remarks

8816.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January Saturday 15th 1876
4. *Place of Birth (Street and Number)* No 420 N Frederick St
5. *Full Name of Mother* Eliza Stricker
6. *Mother's Maiden Name* Lizzie M.S. Stricker
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* Herman C.H.C. Luetkeke
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Northwinner Lueking.

Address West Lexington St

Remarks 439.

Record of Vital Statistics in the City of Baltimore.

That any [illegible], accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8817

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Mit Child Gemal
2. Race or Color (if not of the white race)	white Color
3. Date of Birth	Das Child is born 15 Janur 1876
4. Place of Birth (Street and Number)	The number of the Haus is 71 S Wolf st
5. Full Name of Mother	Tripe & Cauton
6. Mother's Maiden Name	
7. Mother's Birthplace	born in Pin Vorerh Bayern
8. Full Name of Father	Jacob Drambiker
9. Father's Occupation	Dieler
10. Father's Birthplace	born in Oberer Lahl Bairn
Name of Medical Attendant, or other Person who makes this Return.	Maris Hartman
Address	S. Wolf H 56
Remarks	Gesund

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 15th 1876
4. *Place of Birth* (Street and Number) No 36 East Monroe
5. *Full Name of Mother* Mary Catherine Abbott
6. *Mother's Maiden Name* M. C. Griffith
7. *Mother's Birthplace* Anne Arundel County Md
8. *Full Name of Father* Thos. O. Abbott
9. *Father's Occupation* Brakesman B. & O. R.
10. *Father's Birthplace* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Chas. Ko. W. Roeble M.D.

Address No 203 N. Lanvale st

Remarks

8819

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 15th 1876.
4. Place of Birth (Street and Number)	No 213 S. Sharp St
5. Full Name of Mother	Mary Elizabeth Pattison
6. Mother's Maiden Name	Mary Elizabeth Meistermann
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Richard Edward Pattison.
9. Father's Occupation	Printer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Wagner.
Address	No 184 Burgundy St.
Remarks	non.

Rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8820

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 11th 1876

4. Place of Birth (Street and Number) 219 Hanover St

5. Full Name of Mother Elizabeth Feldman

6. Mother's Maiden Name " Shaffer

7. Mother's Birthplace Germany

8. Full Name of Father Henry Feldman

9. Father's Occupation Segar Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Benson

Address 144 Hanover St

Remarks Balto md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	January 16 1874
4. Place of Birth (Street and Number)	Peach ally No. 9
5. Full Name of Mother	Matilda Benson
6. Mother's Maiden Name	Matilda Brown
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Benson
9. Father's Occupation	Chicking oyster
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Margret Skrigg
Address	9 Selman st No 3
Remarks	Dr Know difficulties

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8822

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15th (1st living)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11.45 O'Clock Sunday January 16th 1876
4. *Place of Birth (Street and Number)* 1610 Hanover St
5. *Full Name of Mother* Elizabeth Debes
6. *Mother's Maiden Name* Elizabeth Meinert
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Debes
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Dowler

Name of Medical Attendant, or other Person who makes this Return.

Address Schroeder St Bet Lexington & Saratoga Sts

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8823

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 16" 1876
4. Place of Birth (Street and Number)	152 S. Bond St.
5. Full Name of Mother	Sarah M. Roberts
6. Mother's Maiden Name	Sarah M. Duncan
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Wm Egenton Roberts
9. Father's Occupation	Pilot
10. Father's Birthplace	Nicomico County Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 So. Broadway
Remarks	

RETURN OF A BIRTH.

8821

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second, 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth January 16 1876

4. Place of Birth (Street and Number) 61 Columbia Avenue

5. Full Name of Mother Mary Virginia Hobbs

6. Mother's Maiden Name Mary V. Queen

7. Mother's Birthplace Baltimore City

8. Full Name of Father Elizabeth Brown Hobbs

9. Father's Occupation Stone Mason

10. Father's Birthplace Paducah Ky

Name of Medical Attendant, or other Person who makes this Return. Lewis Cornell M.D.

Address 28 South Eutaw St

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 19 1876
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 te
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	14 January 1876
4. Place of Birth (Street and Number)	Eastern Avenue N 225.
5. Full Name of Mother	Maria Waltz
6. Mother's Maiden Name	Birch
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Richard Waltz
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	Baltimore - Germantown
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft.
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex (state whether ~~Male~~ or Female) White

2. Race or Color (if not of the white race)

3. Date of Birth Jan 16/76

4. Place of Birth (Street and Number) Branch 1st House N. of Steuart St

5. Full Name of Mother Annie E. ~~Lloyd~~ Tipton

6. Mother's Maiden Name "

7. Mother's Birthplace Harford Co Md

8. Full Name of Father Frank Lloyd

9. Father's Occupation Brakeman B & O R.R

10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Skinner MD

Address 379 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th January 1876
4. Place of Birth (Street and Number)	243 Light St.
5. Full Name of Mother	Mary Wright
6. Mother's Maiden Name	Poole
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Wm. Wright
9. Father's Occupation	Brickmakers Journeyman
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Gaspel
Address	32 E. Lombard St
Remarks	

8828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 16th 1876
4. *Place of Birth (Street and Number)* 113 W. Monument St
5. *Full Name of Mother* Alice Virginia Maslin
6. *Mother's Maiden Name* " " Mc Canley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Hanson Maslin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Monrovia Va

Name of Medical Attendant, or other Person who makes this Return. O. L. Williams

Address 201 Madison Ave

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 16th 1875.

4. *Place of Birth (Street and Number)* 366 E. Pratt St.

5. *Full Name of Mother* Mary A. McKinnon,

6. *Mother's Maiden Name* M. A. O'Brian,

7. *Mother's Birthplace* Ireland.

8. *Full Name of Father* Samuel McKinnon,

9. *Father's Occupation* Sail maker

10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. John McInnis M.D.

Address No. 5 Franklin St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8830

HEALTH DEPT
JAN
22
876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	January 16th 1876.
4. *Place of Birth* (Street and Number)	231 Carey St.
5. *Full Name of Mother*	Anna Tolle
6. *Mother's Maiden Name*	A. Eberling
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Henry Tolle
9. *Father's Occupation*	Broker
10. *Father's Birthplace*	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St.
Remarks	

8831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 16th 76
4. *Place of Birth (Street and Number)* 210 Saratoga
5. *Full Name of Mother* Annie P. Mubs.
6. *Mother's Maiden Name* Annie P. Henry
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Chas. L. Mubs
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J. R. Ukler M.D.

Address 234 W. Fayette St

Remarks Good Birth.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5532

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 January
4. *Place of Birth (Street and Number)* 122 William St
5. *Full Name of Mother* Maria Krouse
6. *Mother's Maiden Name* " Belchner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Krouse
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Russian Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St

Remarks

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rect. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5833

HEALTH DEPARTMENT
JAN
20
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan: 16th/76
4. Place of Birth (Street and Number)	86 N. Stricker St
5. Full Name of Mother	Alice Hynes
6. Mother's Maiden Name	Alice Woods
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. M. Hynes
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins M.D.
Address	148 Mulberry St
Remarks	Child - healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	Male C. Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 Jan 1876
4. Place of Birth (Street and Number)	Byrons Court No 14
5. Full Name of Mother	Cornelia Allen
6. Mother's Maiden Name	Cornelia Webster
7. Mother's Birthplace	Virginia
8. Full Name of Father	William Allen
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrss A Nash
Address	
Remarks	

8835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 21 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jan 16. 1876
4. Place of Birth (Street and Number)	45 Johnson St
5. Full Name of Mother	Josephine Tylor
6. Mother's Maiden Name	Josephine Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	P. Tylor
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss A Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

5836

HEALTH DEPARTMENT
JAN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	16. January 1876.
4. Place of Birth (Street and Number)	No 29. Bird St.
5. Full Name of Mother	Sallie Hessee
6. Mother's Maiden Name	Sallie Hotten.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jorge Hessee.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner.
Address	No 29. Elezabeth Lane.
Remarks	

8837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 16th 1876.
4. Place of Birth (Street and Number)	No 7. Wolf St. Baltimore City
5. Full Name of Mother	Alice Sanders.
6. Mother's Maiden Name	Alice Engin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Sanders
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 209 Monument St. Cor. Bethel avenue.
Remarks	Bothwell.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 16th 9 30 P.M. Girl
4. *Place of Birth (Street and Number)* 91 S. Ann St.
5. *Full Name of Mother* Magdalena Steffens
6. *Mother's Maiden Name* Magdalena Berg
7. *Mother's Birthplace* Cumberland Md.
8. *Full Name of Father* Henry Steffens
9. *Father's Occupation* Ship Chandler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 299 E. Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8830

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 16th 1876
4. Place of Birth (Street and Number)	No 188 West Stock
5. Full Name of Mother	Mary Lindburger
6. Mother's Maiden Name	Mary Butler
7. Mother's Birthplace	Charles County Maryland
8. Full Name of Father	George H Lindburger
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore Md
Name of ~~Medical Attendant~~, or other Person who makes this Return	Emily Hughes
Address	#230 West Street
Remarks	

8814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Jan 16th 1876
4. Place of Birth (Street and Number)	Cor Gough & Ann sts
5. Full Name of Mother	Maria Heinlein
6. Mother's Maiden Name	" Martin
7. Mother's Birthplace	Germany
8. Full Name of Father	John Heinlein
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm E Buchmann
Address	120 Bank st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 21 1875

4. Place of Birth (Street and Number) 8 Richmond Street

5. Full Name of Mother Mary Fay.

6. Mother's Maiden Name Bradley.

7. Mother's Birthplace Maryland.

8. Full Name of Father Franklin Fay

9. Father's Occupation Conductor.

10. Father's Birthplace Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Forsby.

Address 309 Cathedral

Remarks

RETURN OF A BIRTH.

8842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jany 16th '76
4. Place of Birth (Street and Number)	163 Franklin St.
5. Full Name of Mother	Mary Alice Hopkins
6. Mother's Maiden Name	" Lamphier
7. Mother's Birthplace	Md
8. Full Name of Father	John S. Hopkins.
9. Father's Occupation	Dealer in woolen ware
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. Keller M.D.
Address	89 N. Greene St.
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58313

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 16th 1876
4. Place of Birth (Street and Number)	229 Forest St
5. Full Name of Mother	Mary Goddart
6. Mother's Maiden Name	Mary Hopkins
7. Mother's Birthplace	England
8. Full Name of Father	Joseph Goddart
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Silas M Hunter
Address	111 Greenmount Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

88114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JAN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 16 1876
4. *Place of Birth (Street and Number)* 141 Eden St Court
5. *Full Name of Mother* Margaret Johnson Carroll
6. *Mother's Maiden Name* Margaret Johnson
7. *Mother's Birthplace* Baltimore County Md
8. *Full Name of Father* Jesse Carroll
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Elyes Wallis M.D

Address 181 E Monument St

Remarks Easy delivery, child small and de
formed Oral and Nasal cavities
imperfectly, double hare lip, and cleft hard palate

8845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	African Race
3. Date of Birth	Jany 16
4. Place of Birth (Street and Number)	5th Ward
5. Full Name of Mother	Virginia Wilson
6. Mother's Maiden Name	Virginia Brohawn
7. Mother's Birthplace	Westchester Co. Pa
8. Full Name of Father	Charles Wilson
9. Father's Occupation	White Washer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Sol. L. Frazier M.D.
Address	" "
Remarks	

8846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth January 16th 1876.

4. Place of Birth (Street and Number) No 246 Johnson Street.

5. Full Name of Mother Louisa Elsner

6. Mother's Maiden Name Louisa Lehring

7. Mother's Birthplace Germany

8. Full Name of Father John Elsner

9. Father's Occupation Engineer.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruns.

Address 114 Baddery Ave

Remarks

8847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 16
4. *Place of Birth (Street and Number)* 912 East Monument St
5. *Full Name of Mother* Sarah E. Hawkins
6. *Mother's Maiden Name* Sarah E. Arnold
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Chas H. Hawkins
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Ursula E. Chrismer

Address 129 E Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

58148

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 17th 1876
4. *Place of Birth (Street and Number)* 96 Orchard Street
5. *Full Name of Mother* Hannah A. Nelson
6. *Mother's Maiden Name* Hannah A. Johnson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Peter Nelson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Montgomery County

Name of Medical Attendant, or other Person who makes this Return. Horton Bodley Doctress

Address No 85 Orchard Street

Remarks

5849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex* (state whether Male or Female) Maryland
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 17th 1876
4. *Place of Birth* (Street and Number) No 88 N. Amity St.
5. *Full Name of Mother* Margaretha Seim
6. *Mother's Maiden Name* M. Dieglerweg
7. *Mother's Birthplace* Herzogthum Nassau
8. *Full Name of Father* Henry Jacob Seim
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Dember

Address 180 Schroeder Street

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5855

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female 4 Child

1. *Sex* (state whether Male or Female) Colerd
2. *Race or Color* (if not of the white race) Baltimore
3. *Date of Birth* Janry 14 1876
4. *Place of Birth* (Street and Number) 284 Orleans St
5. *Full Name of Mother* Mary A Smith
6. *Mother's Maiden Name* Mary A Johnston
7. *Mother's Birthplace* Estonsore md
8. *Full Name of Father* Joseph Smith
9. *Father's Occupation* Wagon mor
10. *Father's Birthplace* Winchester

Name of Medical Attendant, or other Person who makes this Return. [redacted]

Address 136 Chesnut St Sophie hines.

Remarks Baltimore md

8851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Born on the 17th of January 1876
4. *Place of Birth (Street and Number)* No 3 Calverton Road Balto City
5. *Full Name of Mother* Kate Niecaus
6. *Mother's Maiden Name* Kate Apfel
7. *Mother's Birthplace* Born in Bodenkath, Germany
8. *Full Name of Father* Christ William Niecaus
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillis

Address No 37 Smallwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Vital Statistics of the City of Baltimore.

5852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17th January 1916
4. *Place of Birth (Street and Number)* 11 Stirling St
5. *Full Name of Mother* Mary Eubank
6. *Mother's Maiden Name* E. Bratt
7. *Mother's Birthplace* Va. State of America
8. *Full Name of Father* Jas Eubank
9. *Father's Occupation* Lieutenant Police
10. *Father's Birthplace* Va. State of America

Name of Medical Attendant, or other Person who makes this Return. Ida Faye

Address 526 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Records of Vital Statistics.

8855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Jany. 17. 1876

4. Place of Birth (Street and Number) 65 Yoker at

5. Full Name of Mother Mary Nevins Burke

6. Mother's Maiden Name Mary Nevins

7. Mother's Birthplace Baltimore

8. Full Name of Father Michael Burke

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

8834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 17th 1876
4. Place of Birth (Street and Number)	No 189 South Chester St
5. Full Name of Mother	Dora Hildebrand
6. Mother's Maiden Name	Dora Baush
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hildebrand
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	No 193 South Chester St
Remarks	Healthy Child

8855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
FEB
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	last a boy.
2. Race or Color (if not of the white race)	White
3. Date of Birth	born the 17th of January 1875
4. Place of Birth (Street and Number)	86 North chapel st
5. Full Name of Mother	Kate Kate Reisler
6. Mother's Maiden Name	Kate Wagner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert Wagner
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	11 North chapel street. for John Kunkel
Remarks	Healthy

8856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT CITY
JAN 18 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th January 1876
4. *Place of Birth (Street and Number)* # 140 N. Durham St,
5. *Full Name of Mother* Elizabeth Kuhn
6. *Mother's Maiden Name* Elizabeth Seitz
7. *Mother's Birthplace* Sachsenprinnen
8. *Full Name of Father* Joseph Kuhn
9. *Father's Occupation* Baker
10. *Father's Birthplace* Subglach Bavaria

Name of Medical Attendant, or other Person who makes this Return. Ph. Stadler

Address # 29 S. Durham St,

Remarks

8857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wht
3. *Date of Birth* January 11th 1876
4. *Place of Birth (Street and Number)* No 182 Mott st.
5. *Full Name of Mother* Margaretha Fleischmann
6. *Mother's Maiden Name* Margaretha Friedrich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo Jacob Fleischmann
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Killegrist

Address No 182 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	male child
2. Race or Color (if not of the white race)	Coro
3. Date of Birth	Jan 1st 1876
4. Place of Birth (Street and Number)	Fauderhall St 84
5. Full Name of Mother	Mrs Butler
6. Mother's Maiden Name	Mrs Decson
7. Mother's Birthplace	annarandel . Con . M. D.
8. Full Name of Father	Lord Butler
9. Father's Occupation	Brickyard
10. Father's Birthplace	Colliet Con . M. D
Name of Medical Attendant, or other Person who makes this Return.	Mrs ann Brown
Address	201 Hamburg St.
Remarks	in a good condetion

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8859
8860

HEALTH DEPARTMENT
JAN 24 1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 & 2 Child

1. *Sex (state whether Male or Female)* males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 17th 1876.
4. *Place of Birth (Street and Number)* Burke St. No, 24
5. *Full Name of Mother* Elizabetha Trug
6. *Mother's Maiden Name* Elisabetha Jung.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christian Trug
9. *Father's Occupation* none
10. *Father's Birthplace* Vronigsheim Gr. Baden Germany

Name of Medical Attendant, or other Person who makes this Return, Mary C. Müller

Address N. Dallas St. No. 26

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8861

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th	
1. Sex (state whether Male or Female)	Female	
2. Race or Color (if not of the white race)		
3. Date of Birth	Jan 17th 1876	
4. Place of Birth (Street and Number)	No 239 S. Bethel st	
5. Full Name of Mother	Mary	Behnlein
6. Mother's Maiden Name	"	Deister
7. Mother's Birthplace		City
8. Full Name of Father	Frank	Behnlein
9. Father's Occupation		Laborer
10. Father's Birthplace		Germany
Name of Medical Attendant, or other Person who makes this Return.		Mrs E Buchmann
Address		120 Bank st.
Remarks		

8862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 17th 1876
4. Place of Birth (Street and Number)	139 E Baltimore st
5. Full Name of Mother	Maria Reisinger
6. Mother's Maiden Name	" Freide
7. Mother's Birthplace	City
8. Full Name of Father	John P. Reisinger
9. Father's Occupation	Paperhanger
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

8863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (~~state whether Male or Female~~) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 17 Jan. 1876

4. Place of Birth (Street and Number) 153 Dover st

5. Full Name of Mother Margaretha Elisabeth Marquard

6. Mother's Maiden Name " " Baecker

7. Mother's Birthplace Bremen (Germany)

8. Full Name of Father George Wilhelm Marquard

9. Father's Occupation Taylor

10. Father's Birthplace Hanover (Germany)

Name of Medical Attendant, or other Person who makes this Return. C. A. Heuisler M.D.

Address 120 Paca st

Remarks

RETURN OF A BIRTH.

88611

JAN 14 1876 HEALTH DEPT. BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 17 Januar
4. *Place of Birth (Street and Number)* 314 Lemmon str. 8 Ward
5. *Full Name of Mother* Louise Hammelbeck
6. *Mother's Maiden Name* Walther
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Carl Hammelbeck
9. *Father's Occupation* Schmied
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Ludwig Wirth

Address 78 Lawrence str. 8 Ward

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18865

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
26
1976
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	Jan 17
4. Place of Birth (Street and Number)	18 spring st
5. Full Name of Mother	Sapphire Johnson
6. Mother's Maiden Name	Sapphire Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjimin Johnson
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leone Johnson
Address	no 32 short st
Remarks	healthy child

8866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 28
4. *Place of Birth (Street and Number)* 289 Alice-Ann St
5. *Full Name of Mother* Barbara Zingel
6. *Mother's Maiden Name* " Ulrich
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* John Ulrich
9. *Father's Occupation* Labor
10. *Father's Birthplace* Bayern

Name of Medical Attendant, or other Person who makes this Return. Rich'd Fleidlage

Address No 289 S. Ann St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8867

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 8
4. Place of Birth (Street and Number)	169 Penn St
5. Full Name of Mother	Mary Warneke
6. Mother's Maiden Name	Mary Lenze
7. Mother's Birthplace	Hessen
8. Full Name of Father	August Warneke
9. Father's Occupation	Labor
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	1028 S. Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 18th 1876.
4. Place of Birth (Street and Number)	No. 20 Mangear St.
5. Full Name of Mother	Caroline Steinhart
6. Mother's Maiden Name	Caroline Peter.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Reinhart.
9. Father's Occupation	Cigarmaker.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Sandager.
Address	No 174 Burgundy St.
Remarks	non.

8869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1876
4. Place of Birth (Street and Number)	660 Bond
5. Full Name of Mother	Josephine Ely
6. Mother's Maiden Name	" " Lantz
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Jacob J. Ely
9. Father's Occupation	U. S. Letter Carrier
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cattell M.D
Address	1½ S Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 16th/76
4. Place of Birth (Street and Number)	No 88 Carey St.
5. Full Name of Mother	Ellen Nicholson
6. Mother's Maiden Name	Ellen Rigby
7. Mother's Birthplace	Philadelphia Penn.
8. Full Name of Father	Robert H. Nicholson
9. Father's Occupation	Laborer in Browns Brick & Mach. Works
10. Father's Birthplace	Powhatan Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary D. Lemmon Midwife
Address	No. 1320 West Balto. Near St.
Remarks	Strong healthy child

8871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
25
1976
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish race
3. Date of Birth	January 15th 1876
4. Place of Birth (Street and Number)	Fayette st # 45
5. Full Name of Mother	Betzy Baumgarten
6. Mother's Maiden Name	" Bamberger
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Baumgarten.
9. Father's Occupation	Engraver
10. Father's Birthplace	Hanover Europe
Name of Medical Attendant, or other Person who makes this Return.	Wm Rose M.D.
Address	45 Holland St Balto City
Remarks	

8172

HEALTH DEPARTMENT
JAN
26
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth January 18th 1876

4. Place of Birth (Street and Number) 231 Conway St

5. Full Name of Mother Sarah Rebecca Bottman

6. Mother's Maiden Name Sarah Rebecca Forehunger

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Andrew Bottman

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. W. Bottman

Address 166 N. Paca St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58/39

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
JAN 26 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* jan 18
4. *Place of Birth* (Street and Number) no 24 Exeter
5. *Full Name of Mother* mandy Peterson
6. *Mother's Maiden Name* mandy jon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Peterson
9. *Father's Occupation* labar
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs leak Salmon

Address no 32 short to

Remarks healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5871

REGISTER DEPARTMENT
JAN
26
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday January 16th 1876.
4. Place of Birth (Street and Number)	288 W. Central Ave
5. Full Name of Mother	Catherine Pass
6. Mother's Maiden Name	Busch
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Conrad Pass
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	S W Selden
Address	39 South Sharp St
Remarks	

Duties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8875

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1876
4. Place of Birth (Street and Number)	No 18 Jackson St
5. Full Name of Mother	Mary Elizabeth Haddaway
6. Mother's Maiden Name	Mary Elizabeth Thompson
7. Mother's Birthplace	Urbana Frederick Co Md
8. Full Name of Father	Samuel Wilmer Haddaway
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace	St. Michaels Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. Benziger
Address	N. E. Cor Broadway & Pratt Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	18 of January
4. Place of Birth (Street and Number)	Durham 317
5. Full Name of Mother	Lizzie Mercer
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Mercer
9. Father's Occupation	Farmer.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Elizebeth Foot
Address	Midwife
Remarks	

8877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 18th 1876
4. *Place of Birth (Street and Number)* Calhoun & Baltimore
5. *Full Name of Mother* Emily B Day
6. *Mother's Maiden Name* Emily E Thoran
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John L Day
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Fulwood

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	11th January 1876
4. Place of Birth (Street and Number)	98 Eastern Ave.
5. Full Name of Mother	Lulula Burningham
6. Mother's Maiden Name	Rebecca
7. Mother's Birthplace	U. States of America
8. Full Name of Father	John Burningham
9. Father's Occupation	Mason
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address 57 E. Lombard.	
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 18th 1876.
4. Place of Birth (Street and Number)	114 Argyle St.
5. Full Name of Mother	Elisa Henkel
6. Mother's Maiden Name	E. Burkwalt
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Alfred Henkel
9. Father's Occupation	Confectionar
10. Father's Birthplace	Berlin, Prussia, Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wensel
Address	36 Pearl St.
Remarks	

JAN 22 1876 BALTIMORE

RETURN OF A BIRTH.

8880

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18. 1876
4. Place of Birth (Street and Number)	N.E. Cor. Exeter & Fawn Sts.
5. Full Name of Mother	Francis J. Kelly
6. Mother's Maiden Name	Francis J. Grace.
7. Mother's Birthplace	Maryland
8. Full Name of Father	D. Thomas Kelly
9. Father's Occupation	Druggist
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hirst M.D
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

RETURN OF A BIRTH.

5881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18. 1876
4. Place of Birth (Street and Number)	No 15 Lloyd St.
5. Full Name of Mother	Phoba Ann Smith
6. Mother's Maiden Name	Phoba Ann Bain Bayne
7. Mother's Birthplace	Maryland
8. Full Name of Father	Enoch [illegible] Smith
9. Father's Occupation	Farmer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hoch MD
Address	95 E. Baltimore St.
Remarks	

8882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1876
4. Place of Birth (Street and Number)	No 325 Lombard St.
5. Full Name of Mother	Dorothea Hartman
6. Mother's Maiden Name	" Wagner
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Ambros Hartman
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Wm Wolfram
Address	No 175 South Eden St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT OF HEALTH
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. *Sex (state whether Male or Female)* Male Cable Birth Sickle
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born on the 15th of January 1876
4. *Place of Birth (Street and Number)* Corner Mc. Henry St. and Bank
5. *Full Name of Mother* Mina Barr
6. *Mother's Maiden Name* M. Mayer
7. *Mother's Birthplace* born in Würtemberg Germany
8. *Full Name of Father* John Barr
9. *Father's Occupation* Laborer Würtemberg Germany
10. *Father's Birthplace* born in

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Baltimore

Remarks

Extract Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) African
3. *Date of Birth* Five o'clock A.M. January 18th 1876.
4. *Place of Birth* (Street and Number) On Pacca St.
5. *Full Name of Mother* Cassie Kinsey
6. *Mother's Maiden Name* Cassie Kinsey
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Thos Anderson & Smith

Address 73 E. Anderson 231 W. Lombard St.

Remarks Ord to administer Chloroform to relieve retained placenta.

Sanitary Regulations of the Board of Health of the City of Baltimore.

Concerning Registration of Births and Deaths, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 20 1875

HEALTH DEPT
JAN
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* Jan 15 1875.
4. *Place of Birth* (Street and Number) No. 359 Bank St.
5. *Full Name of Mother* Mary Sieben.
6. *Mother's Maiden Name* Mary Fisher.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Sieben.
9. *Father's Occupation* Sailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Arend.

Address No 15 S. Wolfe.

Remarks

Fees Received of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 20th 1876

HEALTH DEPART
JAN
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan. 15th 1876.
4. *Place of Birth (Street and Number)* No 137 S Wolfe St.
5. *Full Name of Mother* Lizzie Bensel.
6. *Mother's Maiden Name* Lizzie Arend.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Conrad Bensel.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend.

Address No 137 S Wolfe st.

Remarks ———

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 18th. /76
4. Place of Birth (Street and Number)	No 6 Gertrude St
5. Full Name of Mother	Martha Black
6. Mother's Maiden Name	Martha Heddington
7. Mother's Birthplace	Balto: Co. Md.
8. Full Name of Father	Jas. B. Black
9. Father's Occupation	Grocery Merchant
10. Father's Birthplace	South Sylvania —
Name of Medical Attendant, or other Person who makes this Return.	Felix Gerardi
Address	148 Mul. St.
Remarks	Child - Healthy

RETURN OF A BIRTH.

5555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1876
4. Place of Birth (Street and Number)	#45 Madeira Alley W.P.
5. Full Name of Mother	Mrs Ruth Mentley.
6. Mother's Maiden Name	Miss Mary Ruth.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Mr Henry.
9. Father's Occupation	Cigar Maker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms.
Address	#178 S. Chapel Lane W.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 18th

4. Place of Birth (Street and Number) Saratoga St 496

5. Full Name of Mother Gertrude J Moore

6. Mother's Maiden Name J Hawkins

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Moore

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1876
BALTIMORE

No. of Child of Mother (~~*state whether 1st*~~, *2d*, ~~*3d, &c.*~~)

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~)

2. Race or Color (~~*if not of the*~~ *white* ~~*race*~~)

3. Date of Birth Jan, 18th

4. Place of Birth (Street and Number) 230 E Madison St

5. Full Name of Mother Jinnie Dupburn

6. Mother's Maiden Name " Reed

7. Mother's Birthplace Harford Co Md.

8. Full Name of Father Frank A. Dupburn

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Trip Sherbert M.D.

Address 1172 Baltimore St

Remarks

Duty of Physicians, Midwives, and other Persons to Report Births to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 18th 1876
4. Place of Birth (Street and Number).	63 W. Fitts Street
5. Full Name of Mother	Mary Curren
6. Mother's Maiden Name	Mary Colbert
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Curren
9. Father's Occupation	Coachman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Julia Mc Alleroy
Address	No 3 Foster Alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 18th 1876
4. *Place of Birth (Street and Number)* N. Gay St. No. 563
5. *Full Name of Mother* Rosa E. Iyers
6. *Mother's Maiden Name* Rosa E. Mullenen
7. *Mother's Birthplace* Baltimore Co.,
8. *Full Name of Father* John Iyers
9. *Father's Occupation* Store Man
10. *Father's Birthplace* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Wallas St. No. 26

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 29 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Tuesday January 18th 1876
4. Place of Birth (Street and Number)	1 Baltimore Co. Mills Office St.
5. Full Name of Mother	Mary Georgiana Bed
6. Mother's Maiden Name	Mary Georgiana Carter
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	James A. Bed.
9. Father's Occupation	Medical Physician
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Catharine M Bedford
Address	160 South Eden Street.
Remarks	

RETURN OF A BIRTH.

58911

HEALTH DEPARTMENT
JUN 24 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) white

3. Date of Birth January 18th 1876

4. Place of Birth (Street and Number) 100 E Madison St

5. Full Name of Mother Barbara Young

6. Mother's Maiden Name Barbara Abel

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Jacob Young

9. Father's Occupation Farmer

10. Father's Birthplace Balto Co., Md

Name of Medical Attendant, or other Person who makes this Return. L. A. Warner, M.D.

Address 256 N. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 18th 1876
4. *Place of Birth (Street and Number)* No 128 S Bond st
5. *Full Name of Mother* Ginnie Walters
6. *Mother's Maiden Name* " Harley
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Walters
9. *Father's Occupation* Carter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8896

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) /

3. Date of Birth 18th January.

4. Place of Birth (Street and Number) No 2 Federal Court.

5. Full Name of Mother Joanna Louisa

6. Mother's Maiden Name Brown

7. Mother's Birthplace Germany.

8. Full Name of Father John Sparks

9. Father's Occupation Fireman.

10. Father's Birthplace Baltimore County.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Eastern Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 January
4. *Place of Birth (Street and Number)* 110 Dukans Wharf
5. *Full Name of Mother* Mary Spangler
6. *Mother's Maiden Name* Sitterstig
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Spangler
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Greenby Street

Remarks

8898

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 January
4. *Place of Birth (Street and Number)* 5-2 Granby Street
5. *Full Name of Mother* Thekla ~~Bernika~~ Landsberg
6. *Mother's Maiden Name* Benika
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Landsberg
9. *Father's Occupation* Agent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8899

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 19th 1876
4. *Place of Birth (Street and Number)* No 162 Central Ave
5. *Full Name of Mother* Mary Kuhn
6. *Mother's Maiden Name* Mary Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Kuhn
9. *Father's Occupation* Organ Builder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anna M Hilgert

Address No 181 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5900

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth January 19th 1876

4. Place of Birth (Street and Number) No 463 Aisquith st

5. Full Name of Mother Catherine Hodgson

6. Mother's Maiden Name Catherine Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Hodgson

9. Father's Occupation Hack

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Hillegeist

Address No 184 Monument st

Remarks

8901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 17th 1876

4. *Place of Birth (Street and Number)* No 1.1 E. Cross St

5. *Full Name of Mother* Anna Loughlin

6. *Mother's Maiden Name* Anna Stephens

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Stephen Loughlin

9. *Father's Occupation* Kipper

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dona Hilligans

Address No 1.81 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 19. 1876
4. Place of Birth (Street and Number)	South Schroppel Str. 131
5. Full Name of Mother	Margareth Lückert
6. Mother's Maiden Name	Margareth Amsler
7. Mother's Birthplace	Preim Preisen
8. Full Name of Father	Karl Lückert
9. Father's Occupation	Tuchmacher
10. Father's Birthplace	Oberlaidlitern Preisen
Name of Medical Attendant, or other Person who makes this Return.	Wm Johannes Rosenpath
Address	South Wolf Str. No 25
Remarks	Wm Pfe

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5903

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	9 January 19 1876.
4. Place of Birth (Street and Number)	Ward Washington str. 6.
5. Full Name of Mother	Dorothea Holzheit
6. Mother's Maiden Name	Dorothea Reich
7. Mother's Birthplace	Bayern
8. Full Name of Father	Johann Holzheit
9. Father's Occupation	Tailor
10. Father's Birthplace	Ebern Bayern
Name of Medical Attendant, or other Person who makes this Return	Mrs Johanna Bourgard
Address	South Wolfstr 28
Remarks	Midwife

8901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Withe
3. *Date of Birth* 19th January 1876
4. *Place of Birth* (Street and Number) No 5 Shekspeary Street
5. *Full Name of Mother* Wiktoria Kutkowska
6. *Mother's Maiden Name* Kaminski
7. *Mother's Birthplace* Dorebusch by Wongrowitz
8. *Full Name of Father* Andreas Kaminski
9. *Father's Occupation* —
10. *Father's Birthplace* Roszowo Wongrowitz

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Setnes 24 Shekspeary Street

Remarks Verry well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 19th 1876.
4. Place of Birth (Street and Number)	268 Mulberry St.
5. Full Name of Mother	Caroline J. Spieker
6. Mother's Maiden Name	" " Scheimeyer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Chas. H. Spieker
9. Father's Occupation	Teacher
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M.D.
Address	77 George St.
Remarks	Breach Present, Child resuscitated fully in 1/2 hour & is now doing well, child well developed.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5906

HEALTH DEPART
JAN
20
1976
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 January
4. Place of Birth (Street and Number)	343 Hanover St
5. Full Name of Mother	Maggie Eisenbach
6. Mother's Maiden Name	Hail
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Eisenbach
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koth
Address	328 Saint Paul St.
Remarks	

5907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 20 1876
BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~If not of the white race~~)

3. Date of Birth January 19th 1876

4. Place of Birth (Street and Number) 255 E. Lombard Street

5. Full Name of Mother Mary Auld.

6. Mother's Maiden Name " Coates

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Capt. David Auld

9. Father's Occupation Captain of Bay Schooner

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. A. Trego Shertzer M.D.

Address 117 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty for neglect of this duty not more than Fifty Dollars.

MISSING

8909

CORRECTION!

MISSING

8908

8909

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 19th 1916
4. *Place of Birth (Street and Number)* No 54 Laurens Alley
5. *Full Name of Mother* Anna Eliza Shields
6. *Mother's Maiden Name* Anna Eliza Saunders
7. *Mother's Birthplace* South Place Virginia
8. *Full Name of Father* Shepherd Shields
9. *Father's Occupation* Waiter
10. *Father's Birthplace* South Place Virginia

Name of Medical Attendant, or other Person who makes this Return. Chester Barkley Doctor

Address No 83 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

8910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 19th 1876
4. Place of Birth (Street and Number)	355 N. Broadway
5. Full Name of Mother	Elizabeth Ann Belcher
6. Mother's Maiden Name	Elizabeth Ann Berens
7. Mother's Birthplace	Missouri.
8. Full Name of Father	James A. Belcher
9. Father's Occupation	Produce Dealer.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. N. Hoeck M.D.
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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8911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 14th 1876.
4. Place of Birth (Street and Number)	3 Camden ~~Lane~~ Lane
5. Full Name of Mother	Emma Kahler
6. Mother's Maiden Name	E. Fries
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Kahler
9. Father's Occupation	Clark
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Place
Remarks	

DEPT
JAN
72
876
BALTIMORE

8912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th January 1876
4. Place of Birth (Street and Number)	87 Hyde St
5. Full Name of Mother	Sarah Ohlfield
6. Mother's Maiden Name	" Burngayell
7. Mother's Birthplace	U. States of America
8. Full Name of Father	John Ohlfeild
9. Father's Occupation	Laborer
10. Father's Birthplace	U States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Duty to Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN
26
1876
BALTIMORE.

8915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.d

1. *Sex* (state whether Male or Female) Male.

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Jan 19th 1876.

4. *Place of Birth* (Street and Number) 761 Light Street

5. *Full Name of Mother* Magdalena Seibel

6. *Mother's Maiden Name* Magdalena Franck.

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Frederick Seibel.

9. *Father's Occupation* Cigarmaker.

10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Pl.

Remarks

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8914

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	First
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	January 14th 1876
4. Place of Birth (*Street and Number*)	552 Franklin St
5. Full Name of Mother	Isabella Lemper
6. Mother's Maiden Name	Prothero
7. Mother's Birthplace	Hampton Court England
8. Full Name of Father	William Lemper
9. Father's Occupation	Coffee Roaster
10. Father's Birthplace	Kidderminster England
Name of Medical Attendant, or other Person who makes this Return.	H. J. Blane M.D.
Address	Cor. Mill & George Sts.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

8915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 27 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Anglo-Saxon
3. *Date of Birth* January 19th 1916
4. *Place of Birth* (Street and Number) 89 Franklin St Balto City
5. *Full Name of Mother* Sarah Ann Hale
6. *Mother's Maiden Name* Sarah Ann Collett
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Harry W Hale
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Asst Supt Police Dr Hall

Address 87 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee! Record of Vital Statistics in the City of Baltimore.

8916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th January 76
4. Place of Birth (Street and Number)	78 Frederick Ave near Hoyes
5. Full Name of Mother	Antonie Thomas
6. Mother's Maiden Name	Antonie Zwinger
7. Mother's Birthplace	Germany.
8. Full Name of Father	William Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Katherine Doll 1031 Bank Lane.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8917

RETURN OF A BIRTH.

JAN 4 1876 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 19th 75

4. *Place of Birth* (Street and Number) Linden st.

5. *Full Name of Mother* Ann E. Anderson

6. *Mother's Maiden Name* Ann E. Shuler

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* John Anderson

9. *Father's Occupation* Hack Driver

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 161 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8918

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 19th 1876.
4. Place of Birth (Street and Number)	67 Booth St.
5. Full Name of Mother	Elizabeth Briggs
6. Mother's Maiden Name	Thorn
7. Mother's Birthplace	England
8. Full Name of Father	James Briggs
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. M. C. Cuddy.
Address	363 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 19. January 1876.
4. *Place of Birth (Street and Number)* No. 5. Fayette St.
5. *Full Name of Mother* Trease. Mokraf.
6. *Mother's Maiden Name* Trease. White.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joerge Mokraf.
9. *Father's Occupation* Miller.
10. *Father's Birthplace* England.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No. 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 19th 1876.
4. Place of Birth (Street and Number)	No 197 Burgundy St.
5. Full Name of Mother	Genovefa Hilte
6. Mother's Maiden Name	Genovefa Müller.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Ferdinand Hilte.
9. Father's Occupation	Stone-cutter.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy St.
Remarks	non.

8921

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 20 76

4. Place of Birth (Street and Number) No 115 Shuter St

5. Full Name of Mother Henrietta Coates

6. Mother's Maiden Name the Same

7. Mother's Birthplace Baltimore

8. Full Name of Father Cant Say

9. Father's Occupation Cant Say

10. Father's Birthplace Cant Say

Name of Medical Attendant, or other Person who makes this Return. Lucindia Wakeford Midwife

Address 130 N Register St Baltimore Md

Remarks

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white race
3. Date of Birth	20th January 1876
4. Place of Birth (Street and Number)	North Wolfe steet No 30
5. Full Name of Mother	Sophia Rothenberger
6. Mother's Maiden Name	Sophia Graff
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Joseph Rothenberger
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 204 South Bond Ste
Remarks	

8923

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th/76
4. Place of Birth (Street and Number)	Durham st No 4.
5. Full Name of Mother	Louise Neninger
6. Mother's Maiden Name	Louise Fuche
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	John Neninger
9. Father's Occupation	Cabinet
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	No 328 Aliceanna st
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 24
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st & 4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~Don~~ white
3. Date of Birth	January the 20th 1876
4. Place of Birth (Street and Number)	No 60 Portland St Balto
5. Full Name of Mother	A. M. Henrietta Seifert
6. Mother's Maiden Name	A. M. Henrietta Seifert
7. Mother's Birthplace	City of Kahla. Saxe Altenburg. Germany
8. Full Name of Father	Christian. Frederick Seifert
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Saxe Altenburg, Germ
Name of Medical Attendant, or other Person who makes this Return.	Wolfgang Fuchs.
Address	West Seventh St
Remarks	437.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8925

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	21 January 1876
4. Place of Birth (Street and Number)	45 Gough St.
5. Full Name of Mother	Babet Eigengreen
6. Mother's Maiden Name	" Meisler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isaac Eigengreen
9. Father's Occupation	Dealing in Live Stock
10. Father's Birthplace	Germanny
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1926
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 20
4. *Place of Birth (Street and Number)* 43 Burke St
5. *Full Name of Mother* Mary Sittig
6. *Mother's Maiden Name* " Fastge
7. *Mother's Birthplace* Hannover
8. *Full Name of Father* Fred. Sittig
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Hannover - Münden

Name of Medical Attendant, or other Person who makes this Return. Reginald Heidlage

Address No 280 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8927

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh /
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th 1876
4. Place of Birth (Street and Number)	Boundary St. 35 mm from John St
5. Full Name of Mother	Mary Copland McCabe
6. Mother's Maiden Name	Mary Copland
7. Mother's Birthplace	Richmond, Virginia
8. Full Name of Father	Jas. D. McCabe
9. Father's Occupation	Author
10. Father's Birthplace	Richmond, Va
Name of Medical Attendant, or other Person who makes this Return.	S. C. Chew M. D.
Address	141 Lanvale St.
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 20th Day of January 1896
4. *Place of Birth (Street and Number)* 761 S. Dallas St
5. *Full Name of Mother* Cassandra Thomas
6. *Mother's Maiden Name* Cassandra Johnston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address No 94 S. Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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8929

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether Male or Female) ~~Male~~ Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 21 1876

4. Place of Birth (Street and Number) 70 S. Eutaw near Lexington

5. Full Name of Mother Sarah ~~Griffin~~ McGuire Griffin

6. Mother's Maiden Name McGuire

7. Mother's Birthplace Ireland

8. Full Name of Father Jno Griffin

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. A. L. Spencer

Address 379 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

8930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 20. 1876
4. Place of Birth (Street and Number)	307 Madison Avenue
5. Full Name of Mother	Jenny L. Browne
6. Mother's Maiden Name	Jenny Nicholson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	B. B. Browne
9. Father's Occupation	Physician
10. Father's Birthplace	Queen Annes Co. Maryland.
Name of Medical Attendant, or other Person who makes this Return.	B. B. Browne M. D.
Address	307 Madison Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 147 Mc Culloh st
4. *Place of Birth (Street and Number)* January 20th 1876
5. *Full Name of Mother* Susan C. Sanders
6. *Mother's Maiden Name* " " Chesebrough
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Sanders
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH.

8932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 20th 1876
4. Place of Birth (Street and Number)	Baltimore No 861. W. Baltimore St
5. Full Name of Mother	Maria Louisa Eichelberger
6. Mother's Maiden Name	Maria Louisa Burdick
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Wm Eichelberger
9. Father's Occupation	Agent.
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dr. Weinburger
Address	No. 23. N. Liberty
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

89.33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th 1876
4. Place of Birth (Street and Number)	No. 34 Addison St
5. Full Name of Mother	Mary Rigadon
6. Mother's Maiden Name	Mary Rindon
7. Mother's Birthplace	Cork. Ireland
8. Full Name of Father	Philip Rindon
9. Father's Occupation	Laborer
10. Father's Birthplace	County Kerry. Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M.D.
Address	70 Centre St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

89.34

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth January 20th 1876
4. Place of Birth (Street and Number) N. Central Av. No. 57.
5. Full Name of Mother Magdalena Preuss
6. Mother's Maiden Name Magdalena Pries
7. Mother's Birthplace Neuses V. Preussen Germany
8. Full Name of Father John G. Preuss
9. Father's Occupation none
10. Father's Birthplace Michelbach V. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address 1 N. Dallas St. Nor 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 20, 1876

4. Place of Birth (Street and Number) No. 1655 E. Chase St

5. Full Name of Mother B. Libke

6. Mother's Maiden Name Finney

7. Mother's Birthplace Baltimore Co.

8. Full Name of Father Henry Sipke D.

9. Father's Occupation Baltimore

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. L. Gatch M.D.

Address No. 24 H. Bank St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

8936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth January 20th

4. Place of Birth (Stree and Number) Burgundy St. No 136.

5. Full Name of Mother C. Haidner

6. Mother's Maiden Name C. Kummoner.

7. Mother's Birthplace Pennsylvania

8. Full Name of Father John F. Haidner

9. Father's Occupation Tober

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8937

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	10 of January
4. Place of Birth (Street and Number)	Wst St. No. 255.
5. Full Name of Mother	Anna Boyle.
6. Mother's Maiden Name	Anna Mary.
7. Mother's Birthplace	parish of Killeagnel County Galway Irland
8. Full Name of Father	Patrick Boyle.
9. Father's Occupation	Labr. Wrkr.
10. Father's Birthplace	County Roscommon Irland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	Wst. St. No 128.
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8935

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 20th 1876

4. Place of Birth (Street and Number) 439 Hamburg St

5. Full Name of Mother Catharine Boyd

6. Mother's Maiden Name Simpson

7. Mother's Birthplace Balto city

8. Full Name of Father John Boyd

9. Father's Occupation Provision dealer

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J H Kenney

Address 76 Paca St

Remarks

Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 20th 1876
4. *Place of Birth (Street and Number)* No 370 Hollins St.
5. *Full Name of Mother* Charlotte Ann Allnutt
6. *Mother's Maiden Name* A. A. Sadler
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Phil. Williams Allnutt
9. *Father's Occupation* Builder
10. *Father's Birthplace* Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Hamilton M.D.

Address No 203 N. Lombard St Balt.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) G Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 21, 1876
4. Place of Birth (Street and Number) N 88 Franklin St
5. Full Name of Mother Louisa Kaitera Morris
6. Mother's Maiden Name Louisa Kaitera Van Dyke
7. Mother's Birthplace Philadelphia
8. Full Name of Father John B. Morris
9. Father's Occupation No Occupation
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. T. Whatard M.D

Address N 114 Park Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8941

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 21. 1876
4. Place of Birth (Street and Number)	9st Lombard str
5. Full Name of Mother	Ernestine Rechtenwald
6. Mother's Maiden Name	Ernestine Ried
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Rechtenwald
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ms. Johanna Rampach
Address	South Wolf str 28
Remarks	Midwife

8942

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (~~state whether Male or~~ Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	January 21st 1876
4. Place of Birth (Street and Number)	N E cor of Cary & Washington Aves
5. Full Name of Mother	Mary Elizabeth Boyd
6. Mother's Maiden Name	Mary Föhr
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Alfred Boyd
9. Father's Occupation	Turner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John A. P. Boyd M.D
Address	
Remarks	

Extract Record of Vital Statistics ... with to secure a ... Baltimore.

Extract Regulations ... or other ... the City of Baltimore.

rect Record of Vital Statistics ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8943

HEALTH DEPARTMENT JAN 24 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 January
4. *Place of Birth (Street and Number)* 166 Baltimore
5. *Full Name of Mother* Druselle Gehns
6. *Mother's Maiden Name* Gehns
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Charley Sebuske
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Sumen

Address No 70 Granby Street

Remarks

8914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Jan. 21st 1876
4. Place of Birth (Street and Number)	203 N. Bond St
5. Full Name of Mother	Alice Livingston
6. Mother's Maiden Name	Peregoy
7. Mother's Birthplace	Balt
8. Full Name of Father	Geo. W. Livingston
9. Father's Occupation	Painter
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
JAN
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 o'clock Thursday night 27th Jan. 1876
4. Place of Birth (Street and Number)	Clinton St between Toon & Boston Sts
5. Full Name of Mother	Mary Elizie White
6. Mother's Maiden Name	Mary Elizie Wright or Lewis
7. Mother's Birthplace	Baltimore County Md
8. Full Name of Father	William J White
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Edw Schuyler M D
Address	28 O'Donnell St
Remarks	Was in labor 24 before I was called. Delivered her with instruments of a fine large and healthy Child both are now doing well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8916

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	American
3. Date of Birth	Jan. 21st 1876
4. Place of Birth (Street and Number)	Penn. Avenue No 661.
5. Full Name of Mother	Isabella V. Muse
6. Mother's Maiden Name	Isabella V. Hardesty
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas F. Muse
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia -
Name of Medical Attendant, or other Person who makes this Return.	L. G. Sparrow M.D.
Address	N. Carey St - No. 428.
Remarks	Child in healthy condition and is well-developed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 21st 1876.
4. Place of Birth (Street and Number)	Dallas st 189
5. Full Name of Mother	Theresa Nagel
6. Mother's Maiden Name	Theresa Wirth
7. Mother's Birthplace	Bavern Germ
8. Full Name of Father	Henry Nagel
9. Father's Occupation	Boiler maker
10. Father's Birthplace	Prussia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Philadelphia
Remarks	320 Allice Hannah st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	January 21st 1876
4. Place of Birth (Street and Number)	58 Duncan Alley
5. Full Name of Mother	Sarah Chase
6. Mother's Maiden Name	" York
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Chase
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rhodet Inness
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st of Jan. 1876
4. *Place of Birth (Street and Number)* 680 Fagnitt st.
5. *Full Name of Mother* Christina W. Heinz
6. *Mother's Maiden Name* Christina W. Powinas
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Philip P. Heinz
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore, City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8950

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st January -76"
4. Place of Birth (Street and Number)	No 17 - Pason st.
5. Full Name of Mother	Katherine Haupt.
6. Mother's Maiden Name	Katherine Landerslager
7. Mother's Birthplace	Germany
8. Full Name of Father	August Haupt.
9. Father's Occupation	Car Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Katherine Dold No 57 Baudalone st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

5951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 21st 1876
4. Place of Birth (Street and Number)	75 O. Washington St
5. Full Name of Mother	— Mason
6. Mother's Maiden Name	— Cunningham
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John B Mason
9. Father's Occupation	Cracker Baker &c.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cattell M.D
Address	154 Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January - 21 1876
4. *Place of Birth (Street and Number)* No 110 Pierce Street
5. *Full Name of Mother* Harriett Gray
6. *Mother's Maiden Name* Harriett Blair
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Gray
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lester Bromley - Doctress

Address No 65 Orchard street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 21th 1876
4. Place of Birth (Street and Number)	No 105 Chestnut Alley
5. Full Name of Mother	Rebecca Edwards
6. Mother's Maiden Name	Rebecca Brown
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Richard Edwards
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Hebter Bosley Doctress
Address	no 89 Orchard Street
Remarks	

8954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 of January
4. Place of Birth (Street and Number)	55 Luzerne street
5. Full Name of Mother	Elisbeth Wagner
6. Mother's Maiden Name	Elisbeth Brantrotter
7. Mother's Birthplace	Baltimore M D
8. Full Name of Father	Martin Wagner
9. Father's Occupation	Tin and can Manufacturer
10. Father's Birthplace	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Wiley
Address	No 12 Paterson Park avenue
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING
#8956

CORRECTION!

MISSING

#8955

8956

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 21st 1876
4. Place of Birth (Street and Number)	No 14 Cuba Street Locust Point Balt'm
5. Full Name of Mother	Mary Ann Morris
6. Mother's Maiden Name	Mary Ann Garrett
7. Mother's Birthplace	Bristol England
8. Full Name of Father	Thomas O. Morris
9. Father's Occupation	Stevedore
10. Father's Birthplace	Carmarthen South Wales
Name of Medical Attendant, or other Person who makes this Return.	Midwife —— Margaret Ehtl
Address	No 13 Cuba St. Locust Point
Remarks	Apparently in good Physical Condition.

Penalty for Neglect of Physicians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 21st of January 1876
4. *Place of Birth (Street and Number)* 67 S. Bethel St
5. *Full Name of Mother* Catharine Dickson
6. *Mother's Maiden Name* Catharine Bowley
7. *Mother's Birthplace* Lyon Hill Md
8. *Full Name of Father* William Dickson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Lyon Hill Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 191 Eastern Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

5938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 27 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 21st January 1876

4. Place of Birth (Street and Number) 56 E. Biddle St

5. Full Name of Mother Charlotte Hook

6. Mother's Maiden Name Cline

7. Mother's Birthplace Baltimore

8. Full Name of Father Frederick Hook

9. Father's Occupation Cook Confectioner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Henry L. Mackenzie

Address Biddle St. near Eutaw

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

59,59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 21 Januar 1876
4. *Place of Birth (Street and Number)* 54 Yeager strat
5. *Full Name of Mother* Gettrut Mainhart
6. *Mother's Maiden Name* Gettrut Gulleni
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Heinrich Mainhart
9. *Father's Occupation* Loberer
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond stret

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8966

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Female Colored~~ ,

1. *Sex* (state whether Male or Female) male Colored
2. *Race or Color* (if not of the white race)
3. *Date of Birth* January 21 1876
4. *Place of Birth* (Street and Number) maccaldee Street 73
5. *Full Name of Mother* Jor Jeanner Johnson Baltimore
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Tomas Jonans
9. *Father's Occupation* Jirel dont nd ~~what~~ know what he dos the Father dowse dos his Birth place to.
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Dophia hines

Address Chesnut st 130

Remarks

Baltimore Md

8961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

VITAL RECORDS DEPT
JAN 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (~~state whether~~ Male ~~or Female~~)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jany 21 1876
4. *Place of Birth (Street and Number)* 401 Watkins Ave
5. *Full Name of Mother* Elizabeth Ann Colley
6. *Mother's Maiden Name* Elizabeth Ann Hopkins
7. *Mother's Birthplace* Ellicotts Mills, Howard Co, Md
8. *Full Name of Father* William H. Colley
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. R. Bryan, M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8962

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 21st 76
4. Place of Birth (Street and Number)	100 Ramsay st
5. Full Name of Mother	Ann Elizabeth Hartlove
6. Mother's Maiden Name	deceased
7. Mother's Birthplace	Balto city
8. Full Name of Father	John W Hartlove
9. Father's Occupation	Painter
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return.	M Hanney
Address	76 E Pacca st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8963

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 21 1876

4. Place of Birth (Street and Number) No 151 Fifth Lane Street

5. Full Name of Mother Rebecca Biddle

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Biddle

9. Father's Occupation Iron moulder

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address No 71 Burgundy alley - Fabrik Row

Remarks

Extract from Section 3 of Ordinance No. 1, approved April 1, 1875, entitled "An Ordinance to provide for the Correct Record of Vital Statistics in the City of Baltimore."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 21 at 1 Oclock P.m. 1876
4. *Place of Birth (Street and Number)* 312 S Howard Street
5. *Full Name of Mother* Melvinia King
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Bath City Virginia
8. *Full Name of Father* Charles H King
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bath City Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Dr Thomas H Buckler

Remarks

8965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 21. 1876
4. Place of Birth (Street and Number)	7 N. High St.
5. Full Name of Mother	Emily J. Onelio
6. Mother's Maiden Name	Emily J. Gover
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Onelio,
9. Father's Occupation	Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hoeck M.D.
Address	75 E. Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d / 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 21st 1876
4. Place of Birth (Street and Number)	238 W. Baltimore
5. Full Name of Mother	Henrietta Boofman
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Samuel Boofman
9. Father's Occupation	Clothier
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. Brown
Address	1st & Hanover Or City
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8967

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 22 1876.
4. Place of Birth (Street and Number)	261 Cross St.
5. Full Name of Mother	Christiana Schuchart
6. Mother's Maiden Name	Bindseil
7. Mother's Birthplace	Hessen Darmstadt D
8. Full Name of Father	Henry Schuchart
9. Father's Occupation	Box Maker
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	828 South Ensor St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

8965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Jany 22nd
4. *Place of Birth (Street and Number)*	121 Front St
5. *Full Name of Mother*	Mary Harwood
6. *Mother's Maiden Name*	Turner
7. *Mother's Birthplace*	Somerset Co Md
8. *Full Name of Father*	Jos. H. Harwood
9. *Father's Occupation*	Moroco Dresser
10. *Father's Birthplace*	Somerset Co Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrimes
Address	129 E Monument St
Remarks	

8969

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jany 22nd
4. *Place of Birth* (Street and Number) 321 Aisquith St
5. *Full Name of Mother* Mary Burke
6. *Mother's Maiden Name* Roach
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Burns
9. *Father's Occupation* Fireman on R R
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Shriner

Address 129 E Monument St

Remarks

Duplicate Registration of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) White Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Jany 22nd
4. *Place of Birth* (Street and Number) 139 E Madison St
5. *Full Name of Mother* Sarah Jane Baetz
6. *Mother's Maiden Name* " " Voelkin
7. *Mother's Birthplace* N Baltimore
8. *Full Name of Father* John Baetz
9. *Father's Occupation* Coach Finisher
10. *Father's Birthplace* N Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula A. Chrismer

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8971

HEALTH DEPARTMENT JUN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Saturday June 22d 1876

4. *Place of Birth* (Street and Number) № 91 north High st

5. *Full Name of Mother* Mary Mayer

6. *Mother's Maiden Name* Lachansky

7. *Mother's Birthplace* Bohemia

8. *Full Name of Father* Mayer Mayer

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. Knight No 40 Legislature Nurse Female

8972

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany. 22 1876.
4. Place of Birth (Street and Number)	14 N. Schroeder St.
5. Full Name of Mother	Anna Evans
6. Mother's Maiden Name	Cogswell
7. Mother's Birthplace	Alexandria, Va.
8. Full Name of Father	James Evans
9. Father's Occupation	Merchant
10. Father's Birthplace	Alexandria Va.
Name of Medical Attendant, or other Person who makes this Return.	J. N. C. Caddy.
Address	363 Franklin St.
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

8973

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 22d " 76
4. Place of Birth (Street and Number)	Washington st. # 407
5. Full Name of Mother	Anna Körner
6. Mother's Maiden Name	Anna Winterling
7. Mother's Birthplace	Hanover Germ
8. Full Name of Father	Ryhn Körner
9. Father's Occupation	Baker
10. Father's Birthplace	Prussia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Bridge
Remarks	No. 320 Allia Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 fhild born
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	22 of janvay.
4. Place of Birth (Street and Number)	Brown St. N. 11
5. Full Name of Mother	Lauasa Lattschalk
6. Mother's Maiden Name	Lauasa Berber
7. Mother's Birthplace	jermeney Bidenschapf.
8. Full Name of Father	Lusta Lattschalk.
9. Father's Occupation	Leber.
10. Father's Birthplace	jermeney.
Name of Medical Attendant, or other Person who makes this Return.	Ikes Martin
Address	West St. N. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 thirteen
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	22d January
4. Place of Birth (Street and Number)	No. 139 Honeauby St.
5. Full Name of Mother	Anna Hauer,
6. Mother's Maiden Name	Anna Carter
7. Mother's Birthplace	Berth Sumaset County
8. Full Name of Father	John Hauer,
9. Father's Occupation	Police office
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos Shearer
Address	West St. N. 128,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8976

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex (state whether Male or Female)* Whitemale
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 January
4. *Place of Birth (Street and Number)* 3 82 Ridgell Street
5. *Full Name of Mother* Maria Bullbrought
6. *Mother's Maiden Name* M Seibel
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Hugo Bullbrought
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Catherine Mary

Address 74 Loudenslager Street

Remarks

Form of Registration of the Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 22d 1876
4. *Place of Birth (Street and Number)* N 277 W Baltimore St
5. *Full Name of Mother* Mary Elizabeth Reynolds
6. *Mother's Maiden Name* Mary Elizabeth Hagan
7. *Mother's Birthplace* County Tipperary Ireland
8. *Full Name of Father* Patrick Reynolds
9. *Father's Occupation* Baker & Confectioner
10. *Father's Birthplace* County Sligo Ireland

Name of Medical Attendant, or other Person who makes this Return. P Chatard M.D

Address N 114 Park Avenue

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 22
4. *Place of Birth (Street and Number)* 292 S. Bond St
5. *Full Name of Mother* Helene Koch
6. *Mother's Maiden Name* Faber
7. *Mother's Birthplace* Oldenburg
8. *Full Name of Father* Henry Koch
9. *Father's Occupation* Baker
10. *Father's Birthplace* Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Regina Heidbrink

Address No 289 S. Bond St

Remarks

Extract, Regulations of the Board of Health, relative to Births and Deaths, and the Registration thereof.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

8979

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 & 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 22nd of January

4. Place of Birth (Street and Number) Gettis St & Aisquith

5. Full Name of Mother Mary Ann Foster

6. Mother's Maiden Name Dunphy

7. Mother's Birthplace Baltimore County

8. Full Name of Father Scott Foster

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Finch

Address 369 Cathedral St

Remarks

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8981

HEALTH DEPARTMENT FEB 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex* (state whether *Male* ~~or Female~~) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* No 2 Concord st Balto

4. *Place of Birth* (Street and Number) January 22/76

5. *Full Name of Mother* Mary Riley

6. *Mother's Maiden Name* " Gannon

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Bernard Riley

9. *Father's Occupation* Porter

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. C H Patterson M D

Address 23 Franklin Balto

Remarks

5981

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* 22 ond
4. *Place of Birth* (Street and Number) Vine St No 99
5. *Full Name of Mother* Cathrine ~~Johnson~~ Griffen
6. *Mother's Maiden Name* Cathrine Johnson
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Jarvis Griffen
9. *Father's Occupation* water
10. *Father's Birthplace* of baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Januar 22 1876
4. *Place of Birth (Street and Number)* Marion St 35
5. *Full Name of Mother* Elisabetha Volz
6. *Mother's Maiden Name* " " Kroll
7. *Mother's Birthplace* Syangenberg Germania
8. *Full Name of Father* Henry Volz
9. *Father's Occupation* Porter 20 South Howard St
10. *Father's Birthplace* Berstadt Germania

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address 45 Monroe St

Remarks

Extract from Regulations of the Board of Health relative to Registration of Births and Deaths.

Duty to Report Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 22 d 1876
4. *Place of Birth* (Street and Number)	No 225 E. Monument St.
5. *Full Name of Mother*	Mary E. Mc. Cubbins
6. *Mother's Maiden Name*	Mary E. Mc. Allister.
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Costin L. Mc. Cubbins.
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mr. M. A. Bull.
Address	No. 209 Monument St. Cor. Central avenue. Balto.
Remarks	Table well C.

8984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22 January 1876.
4. *Place of Birth (Street and Number)* Baltimore 128 Hill St
5. *Full Name of Mother* [redacted]
6. *Mother's Maiden Name* Mary Letitia Tilleth
7. *Mother's Birthplace* "
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Nellie Ross

Address Institution No 1

Remarks Doctor Cook

Extract from Regulations of the Board of Health of Baltimore, relating to the Registration of Births, Deaths, and Interments.

Duties of Physicians, Midwives, and Others in relation to Births.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 22 of Jan.
4. *Place of Birth (Street and Number)* ~~Sisgith~~ Sisquith St No 337
5. *Full Name of Mother* Carolina Hessler
6. *Mother's Maiden Name* ~~Carolina~~ Herchner
7. *Mother's Birthplace* Geboren in Baltimore
8. *Full Name of Father* Michael Hessler
9. *Father's Occupation* Tagloehner
10. *Father's Birthplace* Thalbach bei Aschaffenburg Baijern

Name of Medical Attendant, or other Person who makes this Return. L Merkmeyer Heller

Address Stirling St No 165.

Remarks

Bureau of Registration of the Births, Deaths and Marriages in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) female.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 22 January 1876.
4. *Place of Birth* (Street and Number) No 40. Bird St.
5. *Full Name of Mother* Katherine Kumpf.
6. *Mother's Maiden Name* Katherine Schnack.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Kumpf.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 22 nd 1876
4. Place of Birth (Street and Number)	№ 178 Hamburg st.
5. Full Name of Mother	Margareth Wilek
6. Mother's Maiden Name	Ridle
7. Mother's Birthplace	Germany.
8. Full Name of Father	Conrad Wilek
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasher midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 22nd 1876
4. *Place of Birth (Street and Number)* No 5 Chia street
5. *Full Name of Mother* Eliza Mason
6. *Mother's Maiden Name* Eliza Hall
7. *Mother's Birthplace* Calvert County Maryland
8. *Full Name of Father* John Mason
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Calvert County Maryland

Name of ~~Medical Attendant~~, or other Person who makes this Return. Emily Hughes

Address 230 West Street Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5990

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 22
4. *Place of Birth (Street and Number)* No 7 Hubia st Locust Point
5. *Full Name of Mother* Mary McGuire
6. *Mother's Maiden Name* Mary Fitzgerald
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michall McGuire
9. *Father's Occupation* Bar keeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Margret Ertl

Address

Remarks

12

Extract from Regulations of the Board of Health relating to Registration of Births and Deaths.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8989

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 22nd 1876
4. *Place of Birth* (Street and Number) Locust Point 2½ 24 hundred
5. *Full Name of Mother* Julia Jennings
6. *Mother's Maiden Name* Julia Cahill
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Andrew Jennings
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs J Attle

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

8991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
27
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8092

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 22d 1876
4. Place of Birth (Street and Number)	No 234 Durham St.
5. Full Name of Mother	Mary Engelbrecht
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Engelbrecht
9. Father's Occupation	Weaver.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	No 178 Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 22nd 1876.
4. Place of Birth (Street and Number)	167. Arlington Avenue.
5. Full Name of Mother	Annie S Briscoe.
6. Mother's Maiden Name	Annie S Huppman.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	James Briscoe
9. Father's Occupation	Episcopal Minister
10. Father's Birthplace	St Marys County Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo C Cyle MD
Address	229 N Eutaw st.
Remarks	

8994

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex* (state whether Male or Female) Fenal
2. *Race or Color* (if not of the white race) Light brown Skin
3. *Date of Birth* No 1 castle St Baltimore Md January
4. *Place of Birth* (Street and Number) 22 1876
5. *Full Name of Mother* Francies Thomas
6. *Mother's Maiden Name* madin name Francies how
7. *Mother's Birthplace* Balto
8. *Full Name of Father* William Thomas
9. *Father's Occupation* Occupation Fireman
10. *Father's Birthplace* Birth place Carlisle

Name of Medical Attendant, or other Person who makes this Return. Alice Chapma mid Wife

Address No 4 Dallis St Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8995

HEALTH DEPARTMENT
JAN 27 1976
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 1

1. Sex (state whether Male or ~~Female~~) White

2. Race or Color (if not of the white race)

3. Date of Birth Jan 22 1876.

4. Place of Birth (Street and Number) 33 S. Mackenzie

5. Full Name of Mother Margaret Hodges

6. Mother's Maiden Name Lynch

7. Mother's Birthplace Ireland

8. Full Name of Father Thos Hodges

9. Father's Occupation Laborer

10. Father's Birthplace N. Carolina

Name of Medical Attendant, or other Person who makes this Return. W. L. Sherwood

Address 379 W Lombard

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8996

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 ten

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth Jan 22 1876

4. Place of Birth (Street and Number) 285 West Pratt Street.

5. Full Name of Mother Catherine Holtzmann

6. Mother's Maiden Name Catharina Kiem

7. Mother's Birthplace Germany

8. Full Name of Father George Holtzmann

9. Father's Occupation Machinist

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr Theo Braune.

Address 114 Battery Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22nd January 1876
4. *Place of Birth (Street and Number)* 62 East St
5. *Full Name of Mother* Eliza Fisher
6. *Mother's Maiden Name* Clusie
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Fisher
9. *Father's Occupation* Stone mason
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Chapel

Address 22 Cleveland St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5998

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1 for

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether ~~Male~~ or Female) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Jan. 22d 1876

4. *Place of Birth* (Street and Number) 309 William St

5. *Full Name of Mother* Mary Carroll Lewis

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Balto Md

8. *Full Name of Father* Wm. D. Carroll

9. *Father's Occupation* Ship Builder

10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Benson MD

Address 144 Hanover St City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Jan. 23 1876

4. *Place of Birth* (Street and Number) No 168 East Baltimore St

5. *Full Name of Mother* Mary Rebecker

6. *Mother's Maiden Name* Mary Lee

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George Rebecker

9. *Father's Occupation* Varnisher

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jas Gatch

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-L.

1. Sex (state whether Male ~~or Female~~) White

2. Race or Color (if not of the white race)

3. Date of Birth Jany 23d.

4. Place of Birth (Street and Number) No 226 Harford Avenue

5. Full Name of Mother Ann Eliza Bayless.

6. Mother's Maiden Name do do Burke

7. Mother's Birthplace Baltimore

8. Full Name of Father John Thomas Bayless

9. Father's Occupation Carpenter.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge M.D.

Address S.E. Cor Charles & Reed Sts.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9001

RETURN OF A BIRTH.

JAN 30 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 23. 1876.
4. Place of Birth (Street and Number)	234 Sharp St
5. Full Name of Mother	Cary Knipp
6. Mother's Maiden Name	" Brinning
7. Mother's Birthplace	Balto.
8. Full Name of Father	Henry Knipp
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 Southerland St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health relative to Registration of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* January 23rd 1876
4. *Place of Birth* (Street and Number) No 24 Cross street
5. *Full Name of Mother* Mary Johnson
6. *Mother's Maiden Name* Mary Broghton
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Johnson
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore Md

Name of ~~Medical Attendant~~, or other Person who makes this Return. Emily Hughes

Address 230 West street Baltimore Md

Remarks

RETURN OF A BIRTH.

9003

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan'y 23rd 1876
4. Place of Birth (Street and Number)	No 133 Hanover St,
5. Full Name of Mother	Emma J. Byrd
6. Mother's Maiden Name	Millbourne
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm F. Byrd
9. Father's Occupation	Com'n Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	Jan 23rd 1876.
4. *Place of Birth* (Street and Number)	5 Gough St
5. *Full Name of Mother*	Margaret Keil.
6. *Mother's Maiden Name*	Margaret Peil.
7. *Mother's Birthplace*	Norfolk Va.
8. *Full Name of Father*	Wm Keil.
9. *Father's Occupation*	Labourer.
10. *Father's Birthplace*	Norfolk. Va.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caspar 52 E Lombard St.
Address	52 E Lombard St
Remarks	Babe lived but three hours after birth.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* ~~4th M.~~ Baltimore 23 January. 23. Sunday

4. *Place of Birth* (Street and Number) 914. West. Baltimore st

5. *Full Name of Mother* Mrs. Schafer

6. *Mother's Maiden Name* ~~Dorsey~~

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Mr. Schafer

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Kathryn Dunbar

Address West Lemmon St.

Remarks 439.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9006

HEALTH DEPARTMENT
JAN
25
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 23 1876
4. Place of Birth (Street and Number)	No 25 Gittings
5. Full Name of Mother	Annie ~~Mc~~ Mc Winters
6. Mother's Maiden Name	Annie Mc Roberts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Winters
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. *Jan 25th* 1876.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan. 23 2d 1876.
4. *Place of Birth* (Street and Number) No 10 Lombard St.
5. *Full Name of Mother* M. Rogers.
6. *Mother's Maiden Name* M. Bolton.
7. *Mother's Birthplace* America
8. *Full Name of Father* Andrew Rogers.
9. *Father's Occupation* Sailor
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Dr. W. Arnold.

Address No 137 S Wolfe St.

Remarks

RETURN OF A BIRTH.

1908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday January 23rd 1876
4. Place of Birth (Street and Number)	38 North Wolf Street
5. Full Name of Mother	Martha Fairbanks
6. Mother's Maiden Name	" Druff
7. Mother's Birthplace	St Michaels Maryland
8. Full Name of Father	Saml. H. Fairbanks
9. Father's Occupation	Ship joiner.
10. Father's Birthplace	Saint Michaels Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Goldner M.D.
Address	29 South Sharp St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 28th 1876
4. *Place of Birth (Street and Number)* 177 Bank St.
5. *Full Name of Mother* Barbara Lange
6. *Mother's Maiden Name* " Winterling
7. *Mother's Birthplace* City
8. *Full Name of Father* John Lange
9. *Father's Occupation* Segarmaker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Banks

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 23d 1876.
4. Place of Birth (Street and Number)	No 225 South Eutaw St.
5. Full Name of Mother	Lizzy M. Miller. (Miller)
6. Mother's Maiden Name	Lizzy M. Huber.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Henry Jacob Miller.
9. Father's Occupation	Land Lord
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs: Mary Ann Wagner.
Address	No 174 Burgundy St.
Remarks	non.

9011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Birth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 23d 1876
4. Place of Birth (Street and Number)	S.E. Cor Hollins & Schroeder sts
5. Full Name of Mother	Sarah Virtue
6. Mother's Maiden Name	Sarah Hoofnagle
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Virtue
9 Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	C Genebey M.D.
Address	512 W Balto St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White,
3. *Date of Birth* January 23d 1876.
4. *Place of Birth* (Street and Number) Fred.k Avenue
5. *Full Name of Mother* — Wohlwitch,
6. *Mother's Maiden Name* — Reinhard,
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Fred.k Wohlwitch,
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St. Baltimore, Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9013

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* do
3. *Date of Birth* January 23rd 1876
4. *Place of Birth (Street and Number)* 32 Saratoga
5. *Full Name of Mother* M. R. Irby
6. *Mother's Maiden Name* M R. Smith
7. *Mother's Birthplace* Frederick City
8. *Full Name of Father* William Irby
9. *Father's Occupation* Hack Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) female.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 23. January 1876.
4. *Place of Birth* (Street and Number) No 12 Henry St.
5. *Full Name of Mother* Allen Star.
6. *Mother's Maiden Name* Allen Morgen.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Henry Star.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9015

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth January 23 1876

4. Place of Birth (Street and Number) 117 Aisquith St

5. Full Name of Mother hannory king

6. Mother's Maiden Name hannory mac durray

7. Mother's Birthplace ireland

8. Full Name of Father alantin king ~~mcdurray~~

9. Father's Occupation laborer

10. Father's Birthplace ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel ann garrett

Address 434 Aliceanna St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 26 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Sunday Jan 23rd. 1876.
4. *Place of Birth (Street and Number)* No. 395 W. Pratt st.
5. *Full Name of Mother* Mrs. Julia A. Gutermuth.
6. *Mother's Maiden Name* Miss Julia A. Wild
7. *Mother's Birthplace* Baltimore. Mayland.
8. *Full Name of Father* Mr. Valentine Gutermuth.
9. *Father's Occupation* Tailor, Cutter.
10. *Father's Birthplace* Bavaria. Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gerstenberger. Midwife.

Address 379 pratt street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9017

HEALTH DEPARTMENT
JAN
25
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth Jan, 28th/876 6 1/2 M,

4. Place of Birth (Street and Number) 132 N Gay St

5. Full Name of Mother Maggie Young

6. Mother's Maiden Name " Jones

7. Mother's Birthplace Philadelphia

8. Full Name of Father George Washington Young

9. Father's Occupation Cradle Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Irving Sherfey M.D.

Address 117 E Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9018

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 23rd 1876.
4. Place of Birth (Street and Number)	No 91 N Dallas St
5. Full Name of Mother	Harriet A. Gambrill
6. Mother's Maiden Name	H. A. Travis
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Wm E. Gambrill
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	R. J. Zimmerman M.D.
Address	Pratt St 73
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2019

HEALTH DEPARTMENT
JAN
29
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child.

1. *Sex* (state whether Male or Female) ~~Male~~ Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 24 of January 1876.
4. *Place of Birth* (Street and Number) No 123. Park. avenue.
5. *Full Name of Mother* Barba. Smith.
6. *Mother's Maiden Name* Barba Hoevrick.
7. *Mother's Birthplace* ~~in~~ Gemeny.
8. *Full Name of Father* Anadrew Smith.
9. *Father's Occupation* a Bucher
10. *Father's Birthplace* in Gemey.

Name of Medical Attendant, or other Person who makes this Return. Midwif Theresa. Eigldinger.

Address No 14. Univr. st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 29th 1876

4. Place of Birth (Street and Number) No 67 Hillman St

5. Full Name of Mother Gertrude Robinson

6. Mother's Maiden Name Gertrude Brown

7. Mother's Birthplace Baltimore City

8. Full Name of Father Capt. John. H. Robinson

9. Father's Occupation Mariner

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. B. Stokes, M. D

Address 17 Warren av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No 56.

RETURN OF A BIRTH.

9021

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	7te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 24. 1876
4. Place of Birth (Street and Number)	Ward Dulaneystr No. 277
5. Full Name of Mother	Anna Bankstahl
6. Mother's Maiden Name	Anna Schroeder
7. Mother's Birthplace	Renkhausen Bayern
8. Full Name of Father	Johann Bankstahl
9. Father's Occupation	Schuhmacher
10. Father's Birthplace	Westphalen
Name of Medical Attendant, or other Person who makes this Return.	Wm. Johann Rauch
Address	South Wolfstr 28.
Remarks	Wiemope

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth January 24th 1876

4. Place of Birth (Street and Number) 252 N. Wolfe St

5. Full Name of Mother Isabella S. Phillips

6. Mother's Maiden Name " " Huffington

7. Mother's Birthplace Alexandria Va

8. Full Name of Father John H. Phillips

9. Father's Occupation Brick layer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address No. 341 N. Broadway

Remarks Healthy

RETURN OF A BIRTH.

9023

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th January
4. Place of Birth (Street and Number)	75 Wyeth St
5. Full Name of Mother	Katy Mathias
6. Mother's Maiden Name	Katy Binder
7. Mother's Birthplace	Germany
8. Full Name of Father	John H. Mathias
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lumbir Meinuite
Address	
Remarks	

Extract Regulations of the Board of Health of Baltimore City.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9021

HEALTH DEPARTMENT
FEB
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 24th 1876
4. *Place of Birth* (Street and Number) N° 25 McCulloh
5. *Full Name of Mother* Mary R. Hughes
6. *Mother's Maiden Name* Mary R. Severn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William J. J. Hughes
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D

Address N° 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 24th 1876.
4. Place of Birth (Street and Number)	Population Street.
5. Full Name of ~~Mother~~ Father	Jas. Carpenter.
6. Mother's Maiden Name	Ella Toft
7. Mother's Birthplace	Baltimore
8. Full Name of ~~Father~~ Mother	Ella Carpenter
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A H Sexton M.D
Address	543 Lexington
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning Registration of Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9026

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (~~state whether Male or~~ Female) Male

2. *Race or Color* (if not of the white race) White.

3. *Date of Birth* June 24th 1876

4. *Place of Birth* (Street and Number) 178 Mulberry

5. *Full Name of Mother* Rosina A. Gray

6. *Mother's Maiden Name* Rosina A Lopp

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Ezekiel Gray Jr.

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. John I. R. Fitzgerald M.D

Address " "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1027

JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* 3 Kind männlich Geschl
2. *Race or Color (if not of the white race)* nicht weiß Kind
3. *Date of Birth* 24 Januar
4. *Place of Birth (Street and Number)* Lemmonstraße 188
5. *Full Name of Mother* Marie Hoffmann
6. *Mother's Maiden Name* Marie Zeig
7. *Mother's Birthplace* Gabelsonnin Landgrafschaft
8. *Full Name of Father* Leonhard Hoffmann
9. *Father's Occupation* Küfner
10. *Father's Birthplace* Gabelsonnin Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Friedrich Zeig

Address Fallerstraße 247

Remarks Taberein.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1916
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 & 2d Child Twins'

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 24th 1916
4. *Place of Birth (Street and Number)* S. Eden St. No. 131
5. *Full Name of Mother* Lina Morris
6. *Mother's Maiden Name* Lina Burkhardt
7. *Mother's Birthplace* Berlin Kr. Preussen Germany
8. *Full Name of Father* David Morris
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Berlin Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. J. Hayn & M. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan 24th 1876
4. Place of Birth (Street and Number) 302 West Street
5. Full Name of Mother Rebecca Green
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father Benjamin Green
9. Father's Occupation Laborer
10. Father's Birthplace Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 11 Burgundy alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* American race
3. *Date of Birth* January 24. 1876
4. *Place of Birth (Street and Number)* Lingham St # 55
5. *Full Name of Mother* Ellen Rodgers
6. *Mother's Maiden Name* " " Mc. Kay
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Rodgers
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Roze Hollig

Address 48 Holland St Balto. City.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9031

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 24 th 1876
4. Place of Birth (Street and Number)	S. E. Cor. Canton av. & W. of Ste.
5. Full Name of Mother	Christina Diering
6. Mother's Maiden Name	Christina Rauch
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Louis Diering
9. Father's Occupation	Teacher
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* January 24th 1876.
4. *Place of Birth* (Street and Number) Chester Street No 131.
5. *Full Name of Mother* Ida. R. Dorman.
6. *Mother's Maiden Name* Dickerson
7. *Mother's Birthplace* Wicomico County
8. *Full Name of Father* Isaac. H. Dorman.
9. *Father's Occupation* [illegible] Seaman
10. *Father's Birthplace* Wicomico County

Name of Medical Attendant, or other Person who makes this Return. Sarah Harrington

Address Essex Street No 40

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9033

1 4

FEB 1876 HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Monday morning Jan 24th 1876

4. Place of Birth (Street and Number) No 316 North Broadway Balto City

5. Full Name of Mother Lina Maria

6. Mother's Maiden Name Lina Gilmanic

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Benjamin Franklin Stevens

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address 286 McDonough st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9034

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 24th 1876
4. Place of Birth (Street and Number)	No 805 Mt. Vernon Pl.
5. Full Name of Mother	Henrietta Neuschaffer
6. Mother's Maiden Name	" Schneider
7. Mother's Birthplace	City
8. Full Name of Father	Wilhelm Neuschaffer
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buslmann
Address	120 Bond St
Remarks	

RETURN OF A BIRTH.

9035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 24th 1876
4. Place of Birth (Street and Number)	109 Vine St
5. Full Name of Mother	Mary Weaver
6. Mother's Maiden Name	Mary Hughes
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Lewis Weaver
9 Father's Occupation	Coachman
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	E Gerwig M.D.
Address	512 W Balto St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

19036

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25
4. Place of Birth (Street and Number)	277 Bulley St
5. Full Name of Mother	Lisette Engelbrecht
6. Mother's Maiden Name	" Blome
7. Mother's Birthplace	Diepholz
8. Full Name of Father	Henry Engelbrecht
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hannover
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) 1

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth January 25th 1876

4. Place of Birth (Street and Number) No 68 Lexington Balto. Md.

5. Full Name of Mother Eliza McCafferty

6. Mother's Maiden Name Eliza Hamill

7. Mother's Birthplace Balto. city Md

8. Full Name of Father Arthur McCafferty

9. Father's Occupation Bonnet Frame Manufacturer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address No 121 E Balto st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9038

RETURN OF A BIRTH.

JAN 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th /
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th
4. Place of Birth (Street and Number)	Baltimore Md. York st No. 62
5. Full Name of Mother	Bridget Shay
6. Mother's Maiden Name	Bridget Cbride
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Nicolds Shay
9. Father's Occupation	Shoe maker
10. Father's Birthplace	County Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 202. S. Charles st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9039

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 20th
4. *Place of Birth* (Street and Number) No 6 Adison St
5. *Full Name of Mother* Annie Dunin
6. *Mother's Maiden Name* Kavanaugh
7. *Mother's Birthplace* England
8. *Full Name of Father* Thomas Dunin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrissmer

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

90 40

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child: General.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 25th 1876.

4. Place of Birth (Street and Number) 116 South Sharp St.

5. Full Name of Mother Kate C. Phelps.

6. Mother's Maiden Name Gaul.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Richard H. Phelps.

9. Father's Occupation Fireman Balt. & O. R.R.

10. Father's Birthplace Frederick County Md.

Name of Medical Attendant, or other Person who makes this Return. J. Dalton White M.D.

Address 845 N. Gilmor St.

Remarks

RETURN OF A BIRTH.

9011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 25 thy 1876
4. *Place of Birth (Street and Number)* Wfd. Lying in Asylum
5. *Full Name of Mother* Rosa Turner
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Keelton
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Guelbert M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th 1876
4. Place of Birth (Street and Number)	Not Lying-in Asylum
5. Full Name of Mother	~~Catharine Hobrie~~ Maggie Graham
6. Mother's Maiden Name	—
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles Harris
9. Father's Occupation	Unknown
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gieb M.D.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9043

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 25th 1876.
4. Place of Birth (Street and Number)	Mulberry Street near Paca
5. Full Name of Mother	Maria Elisa Lankau
6. Mother's Maiden Name	M. E. Borrman.
7. Mother's Birthplace	Cassell Germany
8. Full Name of Father	August Leopold Lankau
9. Father's Occupation	Painter
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36 Pearl Street
Remarks	

Extract Regulations of the Board of Health relative to the Collection of Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
30
1876
BALTIMORE

1. Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
(state whether Male or Female)	Boy
ce or Color (if not of the white race)	Light Brown skin
e of Birth	25 of January 1876
ce of Birth (Street and Number)	18 Hamilton street
ll Name of Mother	Georgianna Adams
other's Maiden Name	Never been married
other's Birthplace	City of Baltimore
Full Name of Father	William Fisher
Father's Occupation	Oyster Shucker
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Stubbs
Address	
Remarks	

RETURN OF A BIRTH.

9043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* Jan 25 1876

4. *Place of Birth* (Street and Number) 35 Bargeny alley

5. *Full Name of Mother* Adline Hicks

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Becomac County Va

8. *Full Name of Father* Thomas Hicks

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 11 Bargeny alley

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record ... maiden name of ... mother ... child ... shall attend, assist, or ...

That any p... advise at the ... within ... days ... born, its or their physician ... of the parents, and the maiden nam...

9046

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th 1876
4. Place of Birth (Street and Number)	No 76 William St
5. Full Name of Mother	Almena Chase
6. Mother's Maiden Name	Almena Baldwin
7. Mother's Birthplace	Connecticut
8. Full Name of Father	Chas. Chase
9. Father's Occupation	Oyster Packer
10. Father's Birthplace	Connecticut
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address	17 Warren Avenue
Remarks	

Extract Regulations of the Board of Health relative to the Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th 1876
4. Place of Birth (Street and Number)	No 69 Hill St
5. Full Name of Mother	Adeline . Rush
6. Mother's Maiden Name	Adeline Whitelay
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm . Rush
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	G. B. Robb, M.D
Address	17 Warren Avenue
Remarks	

Earliest Registrations of the Births of Children are of great importance to the Parents, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9048

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
8
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colrd
3. Date of Birth	25 january
4. Place of Birth (Street and Number)	no 84 church st
5. Full Name of Mother	manday oyster
6. Mother's Maiden Name	manday slocom
7. Mother's Birthplace	colbert county md
8. Full Name of Father	william oyster
9. Father's Occupation	oysters buyness
10. Father's Birthplace	colbert county md
Name of Medical Attendant, or other Person who makes this Return.	no medical attendant
Address	mrs Lydia Porter no 20 Hills
Remarks	

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

9049

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth January 25th 1876.

4. Place of Birth (Street and Number) N. Bond St. No, 30

5. Full Name of Mother Anna M. Siegel

6. Mother's Maiden Name Anna M. Wendle.

7. Mother's Birthplace Bastnung. K. Wurtemberg Germany

8. Full Name of Father Wilhelm Siegel

9. Father's Occupation Cook

10. Father's Birthplace Stuttgard K. Wurtemberg Germany

Name of Medical Attendant, or other Person who makes this Return? Mary E. Müller

Address N. Dallas St. No, 26.

Remarks dead born

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Earliest Regulations of the Board of Health in relation to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9051

HEALTH DEPARTMENT
JAN 26 1896
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 23rd 1896
4. Place of Birth (Street and Number)	220 Gurney St
5. Full Name of Mother	Emma Jane Bowers
6. Mother's Maiden Name	Emma Jane Freburger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William J. A. Bowers
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Ort Gorman
Address	166 S. Paca St
Remarks	

RETURN OF A BIRTH.

9052

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Children

1. *Sex* (state whether Male or Female) last a girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 25th of January 1876
4. *Place of Birth* (Street and Number) 91 North Durham st
5. *Full Name of Mother* Magie Kelner
6. *Mother's Maiden Name* Magie Leibig
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Leibig
9. *Father's Occupation* Labor man
10. *Father's Birthplace* Germany

Name of Medical Attendant or other Person who makes this Return. Cassetta Kunkel

Address 71 North Chapel st for John Kunkel

Remarks Healty

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second -
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan - 25 - '76
4. Place of Birth (Street and Number)	40 Columbia St
5. Full Name of Mother	Sarah Sternheimer
6. Mother's Maiden Name	Sarah Bachrach
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Sternheimer
9. Father's Occupation	Horse Trader
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Knight M.D.
Address	112 N. Greene St -
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9051

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 25 1875
4. Place of Birth (Street and Number)	No 7 Hall Alley
5. Full Name of Mother	Elizebeth Russell
6. Mother's Maiden Name	" Kavvenegh
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Russel
9. Father's Occupation	Timber Sawyer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

JAN 28 1876 BALTIMORE

JAN 28 1876 BALTIMORE

Earnest Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
28
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th January 1915
4. Place of Birth (Street and Number)	13 North Wolfe st
5. Full Name of Mother	Kate shreper
6. Mother's Maiden Name	Kate Lang
7. Mother's Birthplace	Single girl
8. Full Name of Father	Germany
9. Father's Occupation	Andrew Lang
10. Father's Birthplace	Laborman
	Germany
Name of Medical Attendant, or other Person who makes this Return.	Erentia Kunkel
Address	11 North chapel st for John Kunkel
Remarks	~~Healthy~~ Sick

Extract from Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) Boy

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 25th January

4. *Place of Birth* (Street and Number) 43 Alt. [illegible]

5. *Full Name of Mother* Marie Schime

6. *Mother's Maiden Name* " Suhlman

7. *Mother's Birthplace* Penicken Germania.

8. *Full Name of Father* John Schime

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet Alley

Remarks

Extract from Rules and Regulations of the Board of Health relative to Returns of Births and Deaths in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25 ~~December~~ January
4. Place of Birth (Street and Number)	Young Court
5. Full Name of Mother	Clara Proctor
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Frederic
8. Full Name of Father	Jeffery Giles
9. Father's Occupation	Oyster shucker
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Stout
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9058

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
JAN 29 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of January
4. Place of Birth (Street and Number)	Odonell street
5. Full Name of Mother	Paulina ~~Ross~~ Filreh
6. Mother's Maiden Name	Paulina Ross
7. Mother's Birthplace	Germina
8. Full Name of Father	Henry George Filack
9. Father's Occupation	Butcher
10. Father's Birthplace	Germina
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avnue
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9059

HEALTH DEPARTMENT
FEB
1
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex* (state whether Male or Female) Boy.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 25 January.
4. *Place of Birth* (Street and Number) 25 Barnet Str.
5. *Full Name of Mother* Katherine Sinek
6. *Mother's Maiden Name* " " Rudechová.
7. *Mother's Birthplace* Hajek Bohemia
8. *Full Name of Father* John Sinek
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Domisle Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad.

Address 25 Barnet Str.

Remarks

9060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 16th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 25th 1876
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Amelia Tyler
6. *Mother's Maiden Name* 55 Orchard Street
7. *Mother's Birthplace* West River
8. *Full Name of Father* John H. Tyler
9. *Father's Occupation* Carter
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 25 - 1876
4. *Place of Birth* (Street and Number) No 284 Hanover Street
5. *Full Name of Mother* Annie Pierson
6. *Mother's Maiden Name* Annie Newman
7. *Mother's Birthplace* Königreich Saxon
8. *Full Name of Father* August Pierson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Kurhessen

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Avery.

Remarks No 92 Light & Hull Street.

Extract from Regulations of the Board of Health of Baltimore City.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	Born January 25 1876
4. Place of Birth (Street and Number)	No 7 Chesnut St
5. Full Name of Mother	Jane Dixson
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	+
9. Father's Occupation	x
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut St.
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9063

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan 28th 1876
4. *Place of Birth* (Street and Number) 105 N. Chapel ct
5. *Full Name of Mother* Carrie Thomas
6. *Mother's Maiden Name* Lemina Thomas
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Wm H. Thomas
9. *Father's Occupation* Fireman to Steam Engine
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Sallie Lyle M. Wife

Address 247 Orleans st

Remarks

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	Jany 25th 1876
4. Place of Birth (Street and Number)	Baltimore Nr. Lee 22. Loudenslager.
5. Full Name of Mother	Elizabeth Waters.
6. Mother's Maiden Name	Elizabeth Kelley.
7. Mother's Birthplace	Somerset Co. Eastern Shore
8. Full Name of Father	Edward Treezy.
9. Father's Occupation	Oyster Shucker.
10. Father's Birthplace	Baltimore and Somerset Co. Eastern Shore.
Name of Medical Attendant, or other Person who makes this Return.	
Address	77 Dover St. Balto Md.
Remarks	Both doing well.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still Born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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JAN 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. Child

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 26 th January
4. *Place of Birth* (Street and Number) No 14. Biddle alla.
5. *Full Name of Mother* Annia ~~Eigelsinger~~ Reell.
6. *Mother's Maiden Name* Annia Eigelsinger.
7. *Mother's Birthplace* in Gemeny.
8. *Full Name of Father* Jack Reell.
9. *Father's Occupation* a Labord work.
10. *Father's Birthplace* in Gemeny. Midwif Theresa. Eigelsinger.

Name of Medical Attendant, or other Person who makes this Return. No. Union st.

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
FEB
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BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan 26 1876
4. *Place of Birth* (Street and Number) 55 Burgundy alley
5. *Full Name of Mother* Rose Waters
6. *Mother's Maiden Name*
7. *Mother's Birthplace* West Maryland County Md
8. *Full Name of Father* Edward Waters
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas M. Burgundy alley

Address

Remarks

Extract Regulations of the Board of Health relating to Registration of Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First — 1
1. Sex (state whether Male or Female)	Female —
2. Race or Color (if not of the white race)	White —
3. Date of Birth	Jan 26. 1876 —
4. Place of Birth (Street and Number)	13 Mc Mechen St —
5. Full Name of Mother	Kate G. Howard —
6. Mother's Maiden Name	Gault,
7. Mother's Birthplace	Anne Arundel Co. —
8. Full Name of Father	T. Carroll Howard —
9. Father's Occupation	Clerk,
10. Father's Birthplace	New York State —
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M.D.
Address	247 Lawale St —
Remarks	

Earliest Registration of the Birth is the Best Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 o'clock P.M. January 26th
4. *Place of Birth (Street and Number)* 26 O'Donnell St Canton
5. *Full Name of Mother* Francis Ann Bond
6. *Mother's Maiden Name* Glover
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alquilla Harmon Bond alias Wag Bond
9. *Father's Occupation* Fiddler
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. Mitchell MD

Address 24 O'Donnell St

Remarks Easy and quick labor

Natural presentation

2069

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23d
4. *Place of Birth (Street and Number)* 16 & Cookie ct East Saint Balto Md
5. *Full Name of Mother* Sarah Elizabeth Akehurst
6. *Mother's Maiden Name* Sarah Elizabeth Coleman
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Geo Thomas Akehurst
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Cider Creek Balto County Md

Name of Medical Attendant, or other Person who makes this Return. Margret O'Dell

Address

Remarks apparently in good physical condition

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Thicker
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of January
4. Place of Birth (Street and Number) getting St. for William st 13.
5. Full Name of Mother Kate Fisher
6. Mother's Maiden Name Kate Fisher
7. Mother's Birthplace in germany
8. Full Name of Father John Fisher
9. Father's Occupation Tanner & Master by Trade
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mr. Martin
Address West St. 125.
Remarks

Return Required by Ordinance to be made to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 26th 76
4. Place of Birth (Street and Number)	186 Pearl St
5. Full Name of Mother	Mary L. Arthur
6. Mother's Maiden Name	Mary L. Lemmond
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry J. Arthur
9. Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Lemmond
Address	148 Mulberry St
Remarks	Child - healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
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BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* January 26 1876
4. *Place of Birth (Street and Number)* Chalmut Street 137
5. *Full Name of Mother* Sarah Jane Davison
6. *Mother's Maiden Name* Sarah Jane Jenison
7. *Mother's Birthplace* Easton Tolbud Co Md
8. *Full Name of Father* Arthur John Davison
9. *Father's Occupation* coal yard
10. *Father's Birthplace* oxford Tolbud Co Md

Name of Medical Attendant, or other Person who makes this Return. Maria Gorcedener mid wife

Address 57 east St

Remarks

Penalty Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
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BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fifth Child

1. Sex (state whether Male or Female) [redacted]

2. Race or Color (if not of the white race) White

3. Date of Birth January 26th 1876

4. Place of Birth (Street and Number) No. 2 Sarah Ann St

5. Full Name of Mother Francis Rackenspurger

6. Mother's Maiden Name Francis Schurbold

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Danl. Wm. Rackenspurger

9. Father's Occupation Coach Smith

10. Father's Birthplace Grand Ducky Hesse Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner Mid wife

Address No 47 Monroe St

Remarks Mother and Child doing well

Extract from Regulations of the Board of Health, for the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 26 of January
4. *Place of Birth (Street and Number)* 206 Hamburg Street
5. *Full Name of Mother* Eliza Jane Hard
6. *Mother's Maiden Name* Eliza Jane Johnson
7. *Mother's Birthplace* Colbert County
8. *Full Name of Father* Patrick Hard
9. *Father's Occupation* Laberar
10. *Father's Birthplace* Colbert County

Name of Medical Attendant, or other Person who makes this Return. Baby Son Hunt

Address No 293 Hamburg Stret

Remarks

Return of a Birth to the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
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1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 26 1876

4. Place of Birth (Street and Number) 53 S. Broadway

5. Full Name of Mother Mary Whitehill

6. Mother's Maiden Name Mary Ernstein

7. Mother's Birthplace Maryland

8. Full Name of Father Graham Whitehill

9. Father's Occupation Shoe Merchant

10. Father's Birthplace ~~Germany~~ Ohio.

Name of Medical Attendant, or other Person who makes this Return. Arthur R Amos M.D

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Jan'y 27th 1876

4. Place of Birth (Street and Number) 1812 N Wolfe st Balto Md

5. Full Name of Mother Anna E Pearce

6. Mother's Maiden Name Anna E Smith

7. Mother's Birthplace Maryland

8. Full Name of Father John T Pearce

9. Father's Occupation Rope Maker

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address 1121 E Balto st

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 27th 1876

4. Place of Birth (Street and Number) No 534 Light St.

5. Full Name of Mother Margaret Emily Meiklen

6. Mother's Maiden Name M. E. Cammile

7. Mother's Birthplace Freeland's Baltimore County Md

8. Full Name of Father Peter Livingston Meiklen

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Penbrook W. Pemberton M.D.

Address No 203 W. Lombard St.

Remarks

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 27th 1876
4. Place of Birth (Street and Number)	310 Cross St
5. Full Name of Mother	Catharine Yockel
6. Mother's Maiden Name	" Koch
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Henry Geo. Yockel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Brute
3. Date of Birth	27th January.
4. Place of Birth (Street and Number)	182 N. Howard
5. Full Name of Mother	Barbara Deborah
6. Mother's Maiden Name	" Harris
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Tobias
9. Father's Occupation	Huckster
10. Father's Birthplace	Negro
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudiger
Address	134 N Bond St.
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 27th 1876
4. *Place of Birth (Street and Number)* E. Madison St. No. 271.
5. *Full Name of Mother* Regina Forter
6. *Mother's Maiden Name* Regina Gerlach
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Forter
9. *Father's Occupation* Lonesucker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks dead born

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 27th 1876

4. *Place of Birth (Street and Number)* Md. Lying in Asylum

5. *Full Name of Mother* Lina Rose

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Md.

8. *Full Name of Father* Jas Evenell

9. *Father's Occupation* Painter

10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Gwinbourne

Address

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27th/76
4. Place of Birth (Street and Number)	Eastern ave 186
5. Full Name of Mother	Margret Ulrich
6. Mother's Maiden Name	Margrt Herman
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	John Ulrich
9. Father's Occupation	Laborer
10. Father's Birthplace	Hessen Cerm
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Alla Annia st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Jany 27. 1876

4. Place of Birth (Street and Number) Chatsel 5th near Read.

5. Full Name of Mother Mary Purnell

6. Mother's Maiden Name Mary Hursh

7. Mother's Birthplace Balt.

8. Full Name of Father Littleton B. Purnell

9. Father's Occupation Merchant.

10. Father's Birthplace Worcester Co.

Name of Medical Attendant, or other Person who makes this Return. A. McWilson

Address 251 Mad. Ave.

Remarks

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

Born in the City of Baltimore.

Number of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether Male or Female)	female
Race or Color (if not of the white race)	white
Date of Birth	Jan. 27. 1876
Place of Birth (Street and Number)	314 W. Saratoga
Full Name of Mother	Lizzie ~~Daniel~~ Binswanger
Mother's Maiden Name	Lizzy Binswanger Dray
Mother's Birthplace	Balt. City
Full Name of Father	David Binswanger
Father's Occupation	Printer
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. Liebmann
Address	58 N. Front St
Remarks	

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
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1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of January
4. Place of Birth (Street and Number)	No. 152 Federhall St.
5. Full Name of Mother	Kate Daley
6. Mother's Maiden Name	Kate Gallagher
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Michael Daley
9. Father's Occupation	Store Keeper.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. Hunter
Address	Hart St. No. 128
Remarks	

rect Record of Vital Statistics in the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany. 27th 1876
4. Place of Birth (Street and Number)	No. 19 S. Chester St.
5. Full Name of Mother	Sarah Jane Shaw
6. Mother's Maiden Name	Sarah Jane Crisp
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Daniel Edgar Shaw
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	L. L. Wilkins M.D.
Address	C. & S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27/76
4. Place of Birth (Street and Number)	27 Willow St
5. Full Name of Mother	Ann Judge
6. Mother's Maiden Name	Fallon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patk Judge
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula P. Lehnemeier
Address	129 E Monument St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 27 1876
4. Place of Birth (Street and Number)	No 162 Hamburg st
5. Full Name of Mother	Elisabeth Mahler
6. Mother's Maiden Name	Foglein
7. Mother's Birthplace	Germany.
8. Full Name of Father	Adalbert Mahler
9. Father's Occupation	Weinsieder
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lehoasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27th 1876
4. Place of Birth (Street and Number)	No 479 E. Chase St.
5. Full Name of Mother	Laurah Phillips
6. Mother's Maiden Name	Laurah Moore
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Solomon Phillips
9. Father's Occupation	Hostler
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No. 209 Monument St. Cor. Central ave. Baltimore
Remarks	Doctor well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 2 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 27th 1876
4. *Place of Birth* (Street and Number) 142 E Paca st
5. *Full Name of Mother* Ida M Crawford
6. *Mother's Maiden Name* Manefield
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Crawford
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. D. H. Conley

Address 76 E Paca St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth January 27th

4. Place of Birth (Street and Number) No 226 N. Wolfe st.

5. Full Name of Mother Mary E. Leddon

6. Mother's Maiden Name Jarboe

7. Mother's Birthplace Washington D. C.

8. Full Name of Father Geo. W. Leddon

9. Father's Occupation Painter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. O. J. Kleinhaus M.D

Address No 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Missing 9092

RETURN OF A BIRTH.

1093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 27 1876
4. Place of Birth (Street and Number)	22 Harrison St
5. Full Name of Mother	Sophy Simon
6. Mother's Maiden Name	Sophy Eichengreen
7. Mother's Birthplace	Germany
8. Full Name of Father	David Simon
9. Father's Occupation	Second hand Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram B Arnold M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 29 1876
4. Place of Birth (Street and Number)	195 W Gay
5. Full Name of Mother	Sarah Mitchell
6. Mother's Maiden Name	Sarah Eichengreen
7. Mother's Birthplace	Germany
8. Full Name of Father	Isaac Mitchell
9. Father's Occupation	Shoe Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram B Arnold M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9095

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 25. 1876.
4. *Place of Birth (Street and Number)* Harrison street
5. *Full Name of Mother* Fanne Pannack
6. *Mother's Maiden Name* Samuel
7. *Mother's Birthplace* Holland
8. *Full Name of Father* Andry Pannack
9. *Father's Occupation* Pedler
10. *Father's Birthplace* Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs Emilie Bernstein

Address 113 S. Lombard Str

Remarks Non

RETURN OF A BIRTH.

9096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 28th 1876

4. Place of Birth (Street and Number) No 168 Bayne St. 13 C.

5. Full Name of Mother Virginia Emma Fischer

6. Mother's Maiden Name V. E. Carter

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Herman Ernest Fischer

9. Father's Occupation Cigarmaker

10. Father's Birthplace Norfolk Virginia

Name of Medical Attendant, or other Person who makes this Return. Penrose W. Hambleton M.D.

Address No 213 N. Longwood St. B. C.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4

RETURN OF A BIRTH.

9097

HEALTH DEPARTMENT
JAN
29
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 28th 1876
4. *Place of Birth (Street and Number)* Cor Gilmor & Pratt
5. *Full Name of Mother* M Hunters
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Saml Hunters
9. *Father's Occupation* Prop. Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo H Jones M.D.

Address Cor Pratt and Stricker

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 22d 1876.
4. *Place of Birth* (Street and Number) E. Fayette St. No. 344
5. *Full Name of Mother* Mary Schwab
6. *Mother's Maiden Name* Mary Schwab
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

9099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 28/76
4. Place of Birth (Street and Number)	Ellicott st No 403
5. Full Name of Mother	Anna Baker
6. Mother's Maiden Name	Anna Landen
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	James Baker
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Dr Hanna Schulte
Address	Midwife
Remarks	No 320 Alda Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Over 9100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Mary Elizabeth Sands

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White "

3. Date of Birth Jan 28th 76

4. Place of Birth (Street and Number) Baby 2d.

5. Full Name of Mother Kate Sands.

6. Mother's Maiden Name Reid

7. Mother's Birthplace Baltimore

8. Full Name of Father John Sands.

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isaac Thurlow M.D.

Address 647 Penna Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9101

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 28.

4. Place of Birth (Street and Number) 167 Lingard

5. Full Name of Mother Elizabeth Bartholomew.

6. Mother's Maiden Name Elizabeth Reik.

7. Mother's Birthplace Baltimore: Maryland.

8. Full Name of Father John Bartholomew

9. Father's Occupation Stone mason.

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr Quinn Fuller J.

Address 1409 Quinn st. ft 437.

Remarks

Penalty for Neglect of Physicians, &c., to Report Births to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 28th 1876. 527 n. Baltimore Street
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Eva Koch
6. Mother's Maiden Name	E. Samuel
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Martin Koch
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Weisenheim Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

916.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 ~ child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 28 ~ 3 40 A. M. Boy 1876
4. *Place of Birth* (Street and Number) 301 Druid Hill Avenue
5. *Full Name of Mother* Emma Eliz Gould
6. *Mother's Maiden Name* Emma Eliz. Dunsford
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wm. Wallace Gould
9. *Father's Occupation* —
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M D

Address 299 E Balto St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9104

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 30th 1876

JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col'd
3. *Date of Birth* Jan 25th 1876
4. *Place of Birth (Street and Number)* No 417 Eastern Ave
5. *Full Name of Mother* Maggie Bit
6. *Mother's Maiden Name* Maggie Lombert
7. *Mother's Birthplace* America
8. *Full Name of Father* Constantine Bit
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. R. Arnold

Address No 137 S. Wolfe St.

Remarks

9105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	January 28th 1876.
4. Place of Birth (Street and Number)	228 George St.
5. Full Name of Mother	Agnes Gore.
6. Mother's Maiden Name	Agnes Ford.
7. Mother's Birthplace	Balto City.
8. Full Name of Father	James Gore.
9. Father's Occupation	Policeman.
10. Father's Birthplace	Balto City.
Name of Medical Attendant, or other Person who makes this Return.	John P Pennington M.D.
Address	210 Franklin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

9106

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 28th 1876
4. Place of Birth (Street and Number)	Baltimore 77 South Eutaw St
5. Full Name of Mother	Rebecca Tully
6. Mother's Maiden Name	Rebecca Hamilton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph E Tully
9. Father's Occupation	Rail Roading
10. Father's Birthplace	Fall River Mass
Name of Medical Attendant, or other Person who makes this Return	Wm Jane Hunnibigen
Address	23 N. Liberty St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 16 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 28th 1876
4. *Place of Birth* (Street and Number) N 98 W Fayette St
5. *Full Name of Mother* Marie adele Williams
6. *Mother's Maiden Name* Marie adele Laroque
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John A. Williams
9. *Father's Occupation* Lumber Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D

Address N 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

9105

RETURN OF A BIRTH.

FEB 3 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colord
3. Date of Birth	28th of january
4. Place of Birth (Street and Number)	no 33 mountgomery st
5. Full Name of Mother	elen nora glenn
6. Mother's Maiden Name	maiden name unknow
7. Mother's Birthplace	eastern shore md
8. Full Name of Father	alaham glenn
9. Father's Occupation	oyster man
10. Father's Birthplace	eastern shore md
Name of Medical Attendant, or other Person who makes this Return.	doctor dyers
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 26th Jan 76

4. *Place of Birth (Street and Number)* Mulikin st 111 Balt.

5. *Full Name of Mother* Ellen Morrison

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Balt Md.

8. *Full Name of Father* John Elped

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Sallie Lyle. Md

Address 247 Orleans st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

1 St

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany. 28th 1876
4. *Place of Birth (Street and Number)* 24 & 8. Broadway
5. *Full Name of Mother* Emily Lederer
6. *Mother's Maiden Name* Emily Allen
7. *Mother's Birthplace* Troy N. Y.
8. *Full Name of Father* George Lederer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 69 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 Jan 1876
4. *Place of Birth (Street and Number)* Face Stair Ave 11 56
5. *Full Name of Mother* Richd Blimline
6. *Mother's Maiden Name* Richey Road
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andrew J Blimline
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Tiley

Address No 12 Paterson Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1/

RETURN OF A BIRTH. 9112

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [redacted] 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth January 28

4. Place of Birth (Street and Number) 21 South St

5. Full Name of Mother Margret Doland

6. Mother's Maiden Name Jane

7. Mother's Birthplace Baltimore Baltimore County Md

8. Full Name of Father John Doland

9. Father's Occupation Iron Worker

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 1036 N Henry St

Remarks Mother and baby well

911.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 28th 76
4. Place of Birth (Street and Number)	373 Lexington St
5. Full Name of Mother	Helen M. Lewis
6. Mother's Maiden Name	Helen M. Curley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry B. Lewis
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address	148 Mulberry St
Remarks	Child - healthy

rect Record of Vital Statistics in the City of Baltimore.

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9111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth jan 28

4. Place of Birth (Street and Number) 36 north dallas st

5. Full Name of Mother Ellen hurst

6. Mother's Maiden Name Ellen Banks

7. Mother's Birthplace northhampton co pa

8. Full Name of Father johnthurst

9. Father's Occupation labor

10. Father's Birthplace norfolk va

Name of Medical Attendant, or other Person who makes this Return. mrs lear fatman

Address no 32 north st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Girl.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	the 28 of Jan.
4. Place of Birth (Street and Number)	No. 284 Aliceanna Street.
5. Full Name of Mother	Mary Finer.
6. Mother's Maiden Name	Mary Müller.
7. Mother's Birthplace	Magdeburg.
8. Full Name of Father	Henry Finer.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Groton.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 201 South Bond Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9416
9116

HEALTH DEPARTMENT
FEB
9
1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	Jan 28th '16
4. Place of Birth (Street and Number)	Jordan Alley 34
5. Full Name of Mother	Mary Boardley
6. Mother's Maiden Name	Mary Bowen
7. Mother's Birthplace	Catonsville Maryland
8. Full Name of Father	William Boardley
9. Father's Occupation	Servant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Edmund Wralker MD
Address	180 Linden Ave
Remarks	L.O.a - natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* January 28
4. *Place of Birth* (Street and Number) 388 Alice Ann St
5. *Full Name of Mother* Elisabeth Fleischmann
6. *Mother's Maiden Name* " Geist
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Fleischmann
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reginal Heidlage

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 28
4. *Place of Birth (Street and Number)* 186 S. Bethel St
5. *Full Name of Mother* Sate Arnold
6. *Mother's Maiden Name* Bock
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Henry Arnold
9. *Father's Occupation* Baker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Virginia Heidloge

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race) White,

3. Date of Birth 28th January 1876,

4. Place of Birth (Street and Number) 15 & 17 Eastern Ave Balto Md,

5. Full Name of Mother Alice Lennon,

6. Mother's Maiden Name Alice Garvey,

7. Mother's Birthplace Baltimore,

8. Full Name of Father Michael Lennon,

9. Father's Occupation Liquor Dealer,

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address 170 & 172 Franklin St. Balto Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

9120

HEALTH DEPART. FEB 4 1875 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st /
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 28th
4. Place of Birth (Street and Number)	Baltimore Stockholland No. 10
5. Full Name of Mother	Laura Heiner
6. Mother's Maiden Name	" Shafer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Heiner
9. Father's Occupation	Drover
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Hopkins st
Remarks	

RETURN OF A BIRTH.

9121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
FEB
4
1876
BALTIMORE MD.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan the 28

4. Place of Birth (Street and Number) Baltimore Hanover st.

5. Full Name of Mother Maria Bodkin

6. Mother's Maiden Name Maria Kelly

7. Mother's Birthplace Ireland

8. Full Name of Father Martin Kelly

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Pontiac st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d. 1.
1. Sex (state whether Male or Female)	Male child
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 of January 1876
4. Place of Birth (Street and Number)	E. Monument st. 3th house of Broadway Alley
5. Full Name of Mother	Maria Fott
6. Mother's Maiden Name	Maria Pek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Josef Fött
9. Father's Occupation	Tailor
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Zavorek
Address	N. 30 Abbott st Bonnd & Broadway
Remarks	Born Live

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 27 1876

4. Place of Birth (Street and Number) 1116 Lyndon Alley

5. Full Name of Mother Elizabeth Wells

6. Mother's Maiden Name Celia Connor

7. Mother's Birthplace England

8. Full Name of Father Chas Thomas

9. Father's Occupation Grocer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. D. Gilbert M.D.

Address 1064 Lombard

Remarks

RETURN OF A BIRTH.

9211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 29th 1876
4. Place of Birth (Street and Number)	Md. Lying-in Asylum
5. Full Name of Mother	Mollie Sparks
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	D. Stuart
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	A. A. Lieclor M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Weiblich
2. Race or Color (if not of the white race)	Weiss
3. Date of Birth	28 Januar
4. Place of Birth (Street and Number)	64 Lombardstr. West
5. Full Name of Mother	Emma Krueger
6. Mother's Maiden Name	Emma Krause
7. Mother's Birthplace	Deutschland
8. Full Name of Father	Karl Krueger
9. Father's Occupation	Arbeiter
10. Father's Birthplace	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Lutherine Wünsch
Address	94 Lombardstr. West
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

9126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 30 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	—
3. *Date of Birth*	29th January 1876
4. *Place of Birth* (Street and Number)	60 Front St
5. *Full Name of Mother*	Mary Quick
6. *Mother's Maiden Name*	[illegible] Kent
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Jacob Quick
9. *Father's Occupation*	Tin Collar
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	120 Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29th January 1876
4. *Place of Birth (Street and Number)* 4 Lexington Court
5. *Full Name of Mother* Kate Conrad
6. *Mother's Maiden Name* Kate Thiel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Conrad
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lexington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 30 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 29 1876

4. Place of Birth (Street and Number) Milleman Street No 13=

5. Full Name of Mother Catheren Wagner

6. Mother's Maiden Name Catheren Weineyer

7. Mother's Birthplace Germeney

8. Full Name of Father Joh. Geyer Wagner

9. Father's Occupation Grocer

10. Father's Birthplace Germeney

Name of Medical Attendant, or other Person who makes this Return. J E Shutz M D

Address 211 Aisquith Street

Remarks

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 29th

4. Place of Birth (Street and Number) No 335 Eastern Avenue

5. Full Name of Mother Kate Hitten

6. Mother's Maiden Name Kate Hagena

7. Mother's Birthplace Germany

8. Full Name of Father Henry Hitten

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gertrude

Address 33 S. Bond Co

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9130

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th child

1. **Sex** (state whether Male or Female) male
2. **Race or Color** (if not of the white race) White
3. **Date of Birth** at 5 a.m. Saturday Janv. 29th 1876
4. **Place of Birth** (Street and Number) No. 12 Sterrett St. near No. Henry St
5. **Full Name of Mother** Elizabeth ~~Kaber~~ Mayer
6. **Mother's Maiden Name** Elizabeth Kaber
7. **Mother's Birthplace** Marburg Kur Hessen, Germany
8. **Full Name of Father** John Jacob Keyer
9. **Father's Occupation** Baker but now Employed at Peoples Gas Works
10. **Father's Birthplace** Abershausen in Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach

Address Dr. Hospital Physician 26 N. Pratt St

Remarks Mother Dead 1439.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2d

1. *Sex* (*state whether Male or Female*) F

2. *Race or Color* (*if not of the white race*) W

3. *Date of Birth* Jan 29 1876

4. *Place of Birth* (*Street and Number*) 75 S Broadway

5. *Full Name of Mother* Sophia Maloney

6. *Mother's Maiden Name* Fallon

7. *Mother's Birthplace* Balto

8. *Full Name of Father* J. D. Maloney

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Connecticut

Name of Medical Attendant, or other Person who makes this Return. Richard Mc Sherry M.D

Address 189 N Howard St

Remarks

9132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col
3. Date of Birth	Jan 29th 1876
4. Place of Birth (Street and Number)	Peach Alley 44
5. Full Name of Mother	Victory Woolfoot-D
6. Mother's Maiden Name	[redacted] Johnson
7. Mother's Birthplace	Dorchester County and
8. Full Name of Father	James Johnson
9. Father's Occupation	Sailor
10. Father's Birthplace	Charles County and
Name of Medical Attendant, or other Person who makes this Return.	Meulster Robson
Address	42 Peach Alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Jan 30th 1916

HEALTH DEPT JAN 30 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 29th 1916
4. *Place of Birth (Street and Number)* No 112 Sarah St.
5. *Full Name of Mother* Annie Steigerwald
6. *Mother's Maiden Name* Annie Wiese
7. *Mother's Birthplace* America
8. *Full Name of Father* John Steigerwald
9. *Father's Occupation* Housecarpenter
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amrein
Address No 122 S. Wolfe St.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth January 29th 1876

4. Place of Birth (Street and Number) 231 Lexington St.

5. Full Name of Mother Emma V. Gosnell

6. Mother's Maiden Name Emma V. Harvey

7. Mother's Birthplace Baltimore

8. Full Name of Father Talbott S. Gosnell

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimoe

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address 23 N. Liberty St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 29. 1876
4. Place of Birth (Street and Number)	No 165 Johnson st
5. Full Name of Mother	Mary E Davis
6. Mother's Maiden Name	Mary E Cockran
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George F Davis
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 29 1876
4. Place of Birth (Street and Number)	210 S Milton
5. Full Name of Mother	Margret Mattingley
6. Mother's Maiden Name	Margret Thiersaloh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Mattingley
9. Father's Occupation	Ferryman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th of January
4. Place of Birth (Street and Number)	Parkhurst No. 66
5. Full Name of Mother	Augusta Schapper
6. Mother's Maiden Name	Augusta Broeger
7. Mother's Birthplace	Cloppenburg
8. Full Name of Father	Frank Schapper
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Lohne
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9138

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 29th 1876

4. Place of Birth (Street and Number) No 5 Chestnut Alley

5. Full Name of Mother Mary Virginia Tabbs

6. Mother's Maiden Name Mary Virginia Hawkins

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Tabbs

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Perkins

Address No 75 Orchard Street

Remarks

9139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* January 4th 76

4. *Place of Birth (Street and Number)* 223 S Fountain St Baltimore Md

5. *Full Name of Mother* Ella Nash

6. *Mother's Maiden Name* Ella Jonson

7. *Mother's Birthplace* Cambridge Md

8. *Full Name of Father* William nash

9. *Father's Occupation* Cooking at the Merchant restaurant

10. *Father's Birthplace* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Judy Upshur

Address 134 Fountain St

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9111

HEALTH DEPARTMENT
FEB
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 29/76

4. Place of Birth (Street and Number) 485 N. Eutaw

5. Full Name of Mother Rebecca Whiston

6. Mother's Maiden Name Cadle

7. Mother's Birthplace Balto. Co. Md

8. Full Name of Father Benj. F. Whiston

9. Father's Occupation Mechanic

10. Father's Birthplace Bradford Co. Pa

Name of Medical Attendant, or other Person who makes this Return. D. L. Sperry

Address 345 N. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ~~January the 29~~

3. Date of Birth January the 29

4. Place of Birth (Street and Number) 422 Orleans St.

5. Full Name of Mother Ann Maria Newmillew

6. Mother's Maiden Name Evenhant

7. Mother's Birthplace Baltimore

8. Full Name of Father John Frederick Newmillow

9. Father's Occupation Street Paver

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary et Gilroll

Address 286 Mc Donogh st

Remarks

RETURN OF A BIRTH.

9112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	January 29th 1876.
4. Place of Birth (Street and Number)	136 Fremont st.
5. Full Name of Mother	Sarah Riston,
6. Mother's Maiden Name	"
7. Mother's Birthplace	Balto City
8. Full Name of Father	William Riston.
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	A Pennington M D.
Address	210 Franklin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9/11/3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth January 29th 1875

4. Place of Birth (Street and Number) 118 East Pigott St

5. Full Name of Mother Mary Rolfing

6. Mother's Maiden Name Mary Hennebecker

7. Mother's Birthplace Baltimore City

8. Full Name of Father Patrick Rolfing

9. Father's Occupation Confectioner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. L L Chatard M D

Address 118 E Pigott St

Remarks D Jumbo

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9 / 11 / 11

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) White Male

2. Race or Color (if not of the white race)

3. Date of Birth 29 January 1876

4. Place of Birth (Street and Number) Gadager Court

5. Full Name of Mother Wathey Ann Hausman

6. Mother's Maiden Name Wathey Ann Shaw

7. Mother's Birthplace Baltimore

8. Full Name of Father George Hausman

9. Father's Occupation A Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. J & Ball

Address No 171 South Christie St

Remarks

9115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 29. 1876.

4. Place of Birth (Street and Number) 33 Low D

5. Full Name of Mother Louisa Mc Cann

6. Mother's Maiden Name Louisa Roberts

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Robert Mc Cann

9 Father's Occupation Porter

10. Father's Birthplace Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr R. Parrigon

Address 170 Saratoga E

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9114.6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 29th. 1876.
4. Place of Birth (Street and Number)	49 S. Washington St.
5. Full Name of Mother	Florence Millar.
6. Mother's Maiden Name	Florence Seale.
7. Mother's Birthplace	Lynn Mass:
8. Full Name of Father	John H. Millar
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rush M.D.
Address	Balt & Wash. Sts.
Remarks	Natural.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9147

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 29th June 1876

4. Place of Birth (Street and Number) 128 N. Bethel st

5. Full Name of Mother Anna Jane

6. Mother's Maiden Name Edsall

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father John Chas

9. Father's Occupation Carter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas R Riley

Address 134 N. Bond st.

Remarks

RETURN OF A BIRTH.

91118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* January 29th 1876
4. *Place of Birth (Street and Number)* Light St. # 176
5. *Full Name of Mother* Marie Elisabeth Riegel
6. *Mother's Maiden Name* " " Blanke.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Henry Riegel
9. *Father's Occupation* Restaurant.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Collins

Address 48 Holland St. Balte. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 29
4. *Place of Birth (Street and Number)* 337 S Bond St
5. *Full Name of Mother* Katharina Hilf
6. *Mother's Maiden Name* " Hallrini
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Conrad Hilf
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

9150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* mulatt
3. *Date of Birth* January 29
4. *Place of Birth (Street and Number)* 238 Dallas St
5. *Full Name of Mother* Barbara Lindemann
6. *Mother's Maiden Name* Kumbel
7. *Mother's Birthplace* Hessen-Darmstadt
8. *Full Name of Father* Peter Lindemann
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baden - Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Reginal Heidlage

Address No 289 S. Bond St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9151

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st B.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 29th 1876
4. Place of Birth (Street and Number)	Bayley & Aisquith
5. Full Name of Mother	Mary E Balmain
6. Mother's Maiden Name	Harrington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederic Balmain
9. Father's Occupation	Furniture Varnisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harrington
Address	Bayley & Aisquith
Remarks	

9152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dec 29th 1875.
4. *Place of Birth (Street and Number)* 252 N. Eagen Street
5. *Full Name of Mother* Annie L. B. Reynolds
6. *Mother's Maiden Name* " " Brady
7. *Mother's Birthplace* N. York State of Maryland
8. *Full Name of Father* Warren F. Reynolds
9. *Father's Occupation* Clerk
10. *Father's Birthplace* New York State

Name of Medical Attendant, or other Person who makes this Return. Annie M. Deets

Address 1248 Eastern Ave

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 (Six)

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) Colored

Date of Birth January 29th 1875

Place of Birth (Street and Number) No 3 Norris Alley

Full Name of Mother Clara Tongue

Mother's Maiden Name Clara Butler

Mother's Birthplace Annapolis md

Full Name of Father Richard Tongue

Father's Occupation Draymen

Father's Birthplace west River md

Name of Medical Attendant, or other Person who makes this Return. Sarah Emmerson

Address No 4. Bruer Alley

Remarks

* Record of Vital St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 29th 1875
4. Place of Birth (Street and Number)	Baltimore st between 21
5. Full Name of Mother	Annie Kirby
6. Mother's Maiden Name	" Welsh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michl Kirby
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. L. M. R. Hall
Address	No. 50 Parker st
Remarks	

RETURN OF A BIRTH.

9153

HEALTH DEPARTMENT JUN 12 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st ?

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 30. 1875

4. Place of Birth (Street and Number) 158 N. Saratoga

5. Full Name of Mother Ann McCoy

6. Mother's Maiden Name ——

7. Mother's Birthplace Va

8. Full Name of Father Jas McCoy

9. Father's Occupation none

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. N L Walton

Address 581 Lexington

Remarks Twins was Centum

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

9156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
30
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* 11th January 1876

4. *Place of Birth* (*Street and Number*) 59 Long Wharf

5. *Full Name of Mother* Mary Adams

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* America

8. *Full Name of Father* Geo Adams

9. *Father's Occupation* Seaman

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Crisfield

Address 52 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9157

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 30 1876
4. Place of Birth (Street and Number)	315 E. Lexington Street
5. Full Name of Mother	Emmely Hesse
6. Mother's Maiden Name	Emely Hermyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christopher Hesse
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J E Schutze M D
Address	211 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 30th of January
4. *Place of Birth* (Street and Number) corner Bridant & Emory St.
5. *Full Name of Mother* Katy Mack
6. *Mother's Maiden Name* Katy Miller
7. *Mother's Birthplace* Bairn
8. *Full Name of Father* Thomas Mack
9. *Father's Occupation* Millwright & Blacksmit
10. *Father's Birthplace* Bairn

Name of Medical Attendant, or other Person who makes this Return. Dr Josiah Finlay

Address West Lemmert 11 439

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9159

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORÆ CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Jan. 2 1876
4. Place of Birth (Street and Number)	S E C. Caroline & Biddle Sts
5. Full Name of Mother	Eliza Bennett
6. Mother's Maiden Name	Day
7. Mother's Birthplace	Balto
8. Full Name of Father	Edwin Bennett
9. Father's Occupation	England
10. Father's Birthplace	Manufacturer
Name of Medical Attendant, or other Person who makes this Return.	Richard Mackenzie MD
Address	189 N Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9160

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 30th 1876.
4. Place of Birth (Street and Number)	116 Franklin Street.
5. Full Name of Mother	Louisa Klein
6. Mother's Maiden Name	Lo. Ekert.
7. Mother's Birthplace	Wintenberg Germany
8. Full Name of Father	Fred. Klein
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Wintenberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 30. 1876
4. Place of Birth (Street and Number)	Curtis Court
5. Full Name of Mother	Rosa Cook
6. Mother's Maiden Name	Herbst
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Frederick Cook
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brewer MD
Address	201 W. Biddle St.
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

7162

HEALTH DEPARTMENT
FEB 3 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jan 30th
4. *Place of Birth* (Street and Number)	114 Hamburg St
5. *Full Name of Mother*	Rose Eckhardt
6. *Mother's Maiden Name*	Grill
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Louis Eckhardt
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Mary Stern
Address	308 S. Eutaw St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 30 (Health Dept.) 76

HEALTH DEPT. JAN 30 1876 BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan 30th 1876
4. *Place of Birth (Street and Number)* No 231 S. Broadway.
5. *Full Name of Mother* Mary Matthes.
6. *Mother's Maiden Name* Mary Winter
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Peter Matthes.
9. *Father's Occupation* Gardenkeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm M. Arnold.

Address No 137 E. Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

91611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th January
4. Place of Birth (Street and Number)	92 Ensor st
5. Full Name of Mother	Mary Murphy
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Gerry Murphy
9. Father's Occupation	Trucker
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Jno Brooke Boyle M.D.
Address	166 E Eager st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the [illegible] within six days thereafter, stating distinctly the [illegible]

RETURN OF A BIRTH.

9163

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 one

1. Sex (state whether Male or Female) Virginia Brotten a Girl

2. Race or Color (if not of the white race) Colored Child

3. Date of Birth Jan 30 1876

4. Place of Birth (Street and Number) Josephine St ~~No~~ 38

5. Full Name of Mother Emma Brotten

6. Mother's Maiden Name Emma Miller

7. Mother's Birthplace Baltimore MD

8. Full Name of Father Isaac T. Brotten

9. Father's Occupation hustler

10. Father's Birthplace howard county MD

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubes 42 Little

Address Sharp Street

Remarks

9166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

8 children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* January 30 1876
4. *Place of Birth (Street and Number)* number 2 plumtree
5. *Full Name of Mother* mary brady
6. *Mother's Maiden Name* mary Dunby
7. *Mother's Birthplace* Citizen of Baltimore
8. *Full Name of Father* Gald Dunby
9. *Father's Occupation* laborer at a furniture store
10. *Father's Birthplace* Citizen of Baltimore

Name of Medical Attendant, or other Person who makes this Return. [redacted]

Address miller Drug

Remarks:

reat Record of Vital Statistics in the City of Ba[redacted]

That any physician, accoucheur, midwife, or other person in charge, who[redacted]tend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of child or children born, its or their physical condition, whether still born or not, the full name[redacted], and residence of the parents, and the maiden name of the mother of such chil[redacted] or children.

RETURN OF A BIRTH.

9167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male ~~or Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 30th 76
4. Place of Birth (Street and Number)	304 Franklin
5. Full Name of Mother	Annie M Brooks
6. Mother's Maiden Name	Baynard
7. Mother's Birthplace	Talbot Co Md
8. Full Name of Father	Rufus S Brooks
9. Father's Occupation	Coal dealer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	M Hennessy
Address	76 Paca St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jan 30th 76
4. Place of Birth (Street and Number)	78 Chestnut Alley
5. Full Name of Mother	Susana F. Chew
6. Mother's Maiden Name	" Dorsey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H Chew
9. Father's Occupation	Plasterer
10. Father's Birthplace	Anna Arundel Co
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy
Address	12 Lurmis Alley
Remarks	for Dr Burke

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT CITY
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth child

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* january the 30 th
4. *Place of Birth* (Street and Number) corner of hamburge and mary ann wood
5. *Full Name of Mother* mary ann ross
6. *Mother's Maiden Name*
7. *Mother's Birthplace* eastern shore md
8. *Full Name of Father* henry wood
9. *Father's Occupation* oyster
10. *Father's Birthplace* howard county md

Name of Medical Attendant, or other Person who makes this Return. no medical at

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 11-29-57

9170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Isaac Cary Dannelly 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 o'clock P.M. 30th January 1876
4. *Place of Birth (Street and Number)* 28 Forest Place
5. *Full Name of Mother* Elizabeth Otis Dannelly
6. *Mother's Maiden Name* Elizabeth Otis Marshall
7. *Mother's Birthplace* Monticello Jasper County Georgia
8. *Full Name of Father* Francis Olin Dannelly
9. *Father's Occupation* Physician
10. *Father's Birthplace* Abbeville South Carolina

Name of Medical Attendant, or other Person who makes this Return. F. Olin Dannelly M.D.

Address 28 Forest Place

Remarks My own sickness prevented this return in 5 days

9171

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

8th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 30/76

4. Place of Birth (Street and Number) Greenmount ave near Madison

5. Full Name of Mother Ann McCluskey

6. Mother's Maiden Name " Riordan

7. Mother's Birthplace Ireland

8. Full Name of Father Bernard McCluskey

9. Father's Occupation Cart Driver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9172

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 30 d 1876
4. Place of Birth (Street and Number)	145 Abbey alley.
5. Full Name of Mother	Mary Cattenealmp
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	America
8. Full Name of Father	Frank Cattenecamp
9. Father's Occupation	Skinner
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9173

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether Male or Female) .....

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 30/76

4. Place of Birth (Street and Number) 36 Parsley Ln

5. Full Name of Mother Ellen Lane

6. Mother's Maiden Name Ahern

7. Mother's Birthplace Ireland

8. Full Name of Father Jno F. Lane

9. Father's Occupation Machanic

10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. D. L. Spreckmore

Address 377 N Smithfield St

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 30 1876
4. Place of Birth (Street and Number)	No 36 Bahnes st Balto
5. Full Name of Mother	Emma Cousins
6. Mother's Maiden Name	Emma Merriken
7. Mother's Birthplace	Balto
8. Full Name of Father	John E Cousins
9. Father's Occupation	Cooper
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Harry A Allwell
Address	286 Mc Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Jan 30
4. *Place of Birth (Street and Number)* 83 spring st
5. *Full Name of Mother* Emma C Brayon
6. *Mother's Maiden Name* Emma Cadmucke
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jarhet Brayon
9. *Father's Occupation* Labor
10. *Name of Medical Attendant, or other Person who makes this Return.* nurs Lear Johnson

Address no 32 short

Remarks healthy child

9176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th Jan 1876
4. Place of Birth (Street and Number)	146. Dover St
5. Full Name of Mother	Mary Lavinia Lange
6. Mother's Maiden Name	Mary Lavinia Gurney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Philip Lange
9. Father's Occupation	Harness maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A Gurtenberger
Address	379 west Pratt
Remarks	

rect Record of [illegible] Statistics in the City of Baltimore.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 30th 1876.
4. Place of Birth (Street and Number)	No. 278 St. Eutaw St.
5. Full Name of Mother	Hannah Scriven.
6. Mother's Maiden Name	Hannah McCarthy.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Charles Scriven.
9. Father's Occupation	Upholsterer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. M. Sullivan. M.D.
Address	116 Thames St.
Remarks	Very profuse hemorrhage after birth of child, controlled only by hypodermic injection of Fl. Ext. Ergot.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9178

HEALTH DEPARTMENT
FEB
1
1976
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 30th of January
4. *Place of Birth* (Street and Number) 1866 Abbott Str.
5. *Full Name of Mother* Josefine Herman
6. *Mother's Maiden Name* " " Miksan.
7. *Mother's Birthplace* Rokodic Bohemia.
8. *Full Name of Father* Charles Herman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad.

Address No. 20 Barnet St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth January 31. 1876.

4. Place of Birth (Street and Number) Sharp St near No 304

5. Full Name of Mother Bertha Harnisch

6. Mother's Maiden Name Bertha Preiskorn

7. Mother's Birthplace Germany

8. Full Name of Father August Harnisch

9. Father's Occupation Kupfer

10. Father's Birthplace Germania -

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Henry.

Address No 32. Lindenhall Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

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Every effort was made to assure legibility and completeness.

9180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 30th 1876

4. Place of Birth (Street and Number) 21 Oak

5. Full Name of Mother Annetta Green

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore Co Md

8. Full Name of Father Dickens Green

9. Father's Occupation Shoemaker

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Rev R. Rad

Address 134 N Bond St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female 4
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 30 January 1876
4. *Place of Birth (Street and Number)* Baltimore 176 Eastern ave
5. *Full Name of Mother* Jane Butler
6. *Mother's Maiden Name* Jane Spencer
7. *Mother's Birthplace* Rockburgh va
8. *Full Name of Father* James butler
9. *Father's Occupation* Mariner
10. *Father's Birthplace* St Marys county

Name of Medical Attendant, or other Person who makes this Return. Leah Walker Attendance

Address

Remarks

of Baltimore, shall report to the registrar aforesaid, within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of such child or children.

9182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 30th 1876
4. Place of Birth (Street and Number)	317 E. Eager St
5. Full Name of Mother	Ella J. McBrierty,
6. Mother's Maiden Name	Ella J. Plunkett,
7. Mother's Birthplace	Delaware
8. Full Name of Father	William McBrierty,
9. Father's Occupation	Commission Merchant,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hanckard,
Address	70 E. Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	30 of January
4. Place of Birth (Street and Number)	159 Fork bet [illegible]
5. Full Name of Mother	Ida Sutton
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	Balto mo
8. Full Name of Father	James E Wheeler
9. Father's Occupation	oyster Shucker
10. Father's Birthplace	Balto mo
Name of Medical Attendant, or other Person who makes this Return.	Lucy Sidney
Address	No 45 Peach alley
Remarks	Balto md

RETURN OF A BIRTH.

9184

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard Race

3. Date of Birth January 30th 1876 - 4 O'clock in morn

4. Place of Birth (Street and Number) King St 141

5. Full Name of Mother Rebecka Hall

6. Mother's Maiden Name

7. Mother's Birthplace plum point Calvert County

8. Full Name of Father George fulman

9. Father's Occupation Drayman Driver

10. Father's Birthplace Eastern Shore Va.

Name of Medical Attendant, or other Person who makes this Return. Roseta Conway

Address 146. Lee. St.

Remarks no more

Post Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 4 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh—

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White—
3. *Date of Birth* January 30th
4. *Place of Birth* (Street and Number) 139 Eneas St
5. *Full Name of Mother* Ann Maria Landers
6. *Mother's Maiden Name* Ann Maria Reilly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John P. Landers
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge

Address 181 N Charles St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 30th 1876.

4. Place of Birth (Street and Number) 220 E. Lanvale St.

5. Full Name of Mother Louisa Turner

6. Mother's Maiden Name Allen

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Laurence Turner

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. C. Max K. Reid

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 30th

4. Place of Birth (Street and Number) Cor. Biddle & Dallas Sts.

5. Full Name of Mother Alice S. Moore

6. Mother's Maiden Name Alice S. Burch

7. Mother's Birthplace Charles Co. Md.

8. Full Name of Father Wm. H. Moore

9 Father's Occupation Commission Merchant

10. Father's Birthplace Charles Co. Md

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 15-2 Fremont St.

Remarks

Return Registration of the Birth of Children in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Jan. 30th 1876
4. *Place of Birth* (*Street and Number*) Baltimore Pinkney
5. *Full Name of Mother* Mary Gillen
6. *Mother's Maiden Name* Cannon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Gillen
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 95 Parkin st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Males.

2. Race or Color (if not of the white race)

3. Date of Birth Jan. 31st 1876.

4. Place of Birth (Street and Number) Charles Street. No. 298.

5. Full Name of Mother Catherina Lenthofer.

6. Mother's Maiden Name Catherina Reichert.

7. Mother's Birthplace Germany.

8. Full Name of Father George Reichert.

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Bruns.

Address 114 Battery Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 January 1915.
4. Place of Birth (Street and Number)	Pierce St.
5. Full Name of Mother	Christina Gaebler
6. Mother's Maiden Name	" Lauterbach
7. Mother's Birthplace	Balt.
8. Full Name of Father	Charles J. Gaebler
9. Father's Occupation	Salesman
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Louis Chs Dornhöfer
Address	226 Mulberry St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11. 57

RETURN OF A BIRTH.

9191

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Januari 31. 1876
4. *Place of Birth* (Street and Number) Corner Gorlon und Eager str
5. *Full Name of Mother* Mari Franz
6. *Mother's Maiden Name* Mari Timmermann
7. *Mother's Birthplace* Baltimore ~~Peicon~~
8. *Full Name of Father* Fiori Franz
9. *Father's Occupation* Schohmaker
10. *Father's Birthplace* Württemberg Preicon

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Krumpach

Address South Wolf str No 28

Remarks Mid wife

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6.58

9192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6te
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Januari 31. 1876
4. Place of Birth (Street and Number)	181 Lombard Str no.
5. Full Name of Mother	Katharina Margareth
6. Mother's Maiden Name	Katharina Fortmest
7. Mother's Birthplace	Bamberg Baiern
8. Full Name of Father	Heinrich Margareth
9. Father's Occupation	Schohmacher
10. Father's Birthplace	Unterfrohn Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Rempfroth
Address	South Wolfst 28
Remarks	Mulatto

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

...reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

919.3

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 31st 76
4. Place of Birth (Street and Number)	631 W Fayette st
5. Full Name of Mother	Silvia L Smith
6. Mother's Maiden Name	Schram
7. Mother's Birthplace	Wisconsin
8. Full Name of Father	Charles L Smith
9. Father's Occupation	Wholesale Druggist
10. Father's Birthplace	Austria.
Name of Medical Attendant, or other Person who makes this Return.	A H Cuney
Address	76 E Pacca St
Remarks	

RETURN OF A BIRTH.

21911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 31st 1876
4. *Place of Birth (Street and Number)* No 67 Lafayette Ave
5. *Full Name of Mother* Ellen Cullen
6. *Mother's Maiden Name* Ellen Williams
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Cullen
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Henry Wagner

Address No 186 E. Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Ch. Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Baltimore Jan. 31. 1876.
4. Place of Birth (Street and Number)	446 East Eager St
5. Full Name of Mother	Marcelene B. Purnell
6. Mother's Maiden Name	Marcelene, B. Roby
7. Mother's Birthplace	Fredrick County
8. Full Name of Father	Charles B. Purnell
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford
Address	160 N. Eden St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 21st 1876
4. Place of Birth (Street and Number)	1005 E Monument St Balto
5. Full Name of Mother	Catherine Gilley
6. Mother's Maiden Name	Gibbons
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bartley Gilley
9. Father's Occupation	Builder
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E. Lee Williams M.D.
Address	1033 E Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9191

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 31st 76
4. Place of Birth (Street and Number)	No 1 Cathedral St
5. Full Name of Mother	Julia E. McCann
6. Mother's Maiden Name	Julia E. Cafferty
7. Mother's Birthplace	Delaware
8. Full Name of Father	Jas. F. McCann
9. Father's Occupation	Tyler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H Jenkins
Address	148 Mulberry St
Remarks	Child. Healthy

9198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth Jan 31st " 1876.

4. Place of Birth (Street and Number) 96 E. Boyd st.

5. Full Name of Mother Annie E. Gray.

6. Mother's Maiden Name Annie E. Vickery.

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Chas. H. Gray.

9. Father's Occupation Tinner.

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Glanville, Luck M. D.

Address Balt & Wash. Sts.

Remarks Natural.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9199
9201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. and 4.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race). white

3. Date of Birth January 31. 1876

4. Place of Birth (Street and Number) Market Space 22.

5. Full Name of Mother Alma Meermann

6. Mother's Maiden Name Herrmann

7. Mother's Birthplace Germany

8. Full Name of Father Julius Meermann

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Cäcilie Bernstein

Address 113. E Lombard Str

Remarks Seven-month children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 31 1876

4. Place of Birth (Street and Number) 417 Aliceanna St

5. Full Name of Mother Maryanne healy

6. Mother's Maiden Name Mary J Beatty

7. Mother's Birthplace Baltimore city

8. Full Name of Father Johan healy

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel ann garrett

Address 432 Aliceanna St

Remarks

9202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 31st 1876
4. Place of Birth (Street and Number)	39 Forest Place
5. Full Name of Mother	M. C. Dunn
6. Mother's Maiden Name	M. C. Landaneger
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	M. F. Dunn
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	S. H. Hunter
Address	111 Greenmount Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1

RETURN OF A BIRTH.

92203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Jan'y 31- '76
4. Place of Birth (Street and Number)	227 Lexington St-
5. Full Name of Mother	Harriet A. Ausmann
6. Mother's Maiden Name	Seemore
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Anthony Ausmann
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St-
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

92011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* January 31st 1876

4. *Place of Birth (Street and Number)* 94 West Pratt st.

5. *Full Name of Mother* Mary Virginia Naughton

6. *Mother's Maiden Name* " " Mahon

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Thomas B. Naughton

9. *Father's Occupation* Caterer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre S. Dausch M.D.

Address 27 N. Broadway.

Remarks

Duplicate Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan'y 31- 1876

4. Place of Birth (Street and Number) 118 Carrollton Ave.

5. Full Name of Mother Laura Virginia Hooper

6. Mother's Maiden Name Arnold

7. Mother's Birthplace Balto. City

8. Full Name of Father Thomas B. Hooper

9. Father's Occupation Carpenter

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9206

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Col'd

3. *Date of Birth* Jan 31st 1876

4. *Place of Birth (Street and Number)* 117 Eastern Av.

5. *Full Name of Mother* Margaret Brown

6. *Mother's Maiden Name* Kelly

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Isaac Brown

9. *Father's Occupation* Hostler

10. *Father's Birthplace* Baltimore Co, Md.

Name of Medical Attendant, or other Person who makes this Return. Edw Ross M D

Address 134 N. Bond St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9207

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 31 Jan. 76

4. Place of Birth (Street and Number) Light St. 527

5. Full Name of Mother Elizabeth Schreier

6. Mother's Maiden Name Elizabeth Rath

7. Mother's Birthplace Neuenhaslau (Germany)

8. Full Name of Father Wilhelm Schreier

9. Father's Occupation Blacksmith

10. Father's Birthplace Kratweil Wuerttemberg (Germany)

Name of Medical Attendant, or other Person who makes this Return. H. H. Hettmann M. D.

Address

Remarks

RETURN OF A BIRTH.

9205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 31th

4. *Place of Birth (Stree and Number)* Front st. no 34½

5. *Full Name of Mother* Katharine Hanity

6. *Mother's Maiden Name* Katharine Maisch

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Michael Maisch

9. *Father's Occupation* Fred Setzer

10. *Father's Birthplace* Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Dr J Baddenhorn

Address No 166 Columbia st.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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~~2907~~ 9209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 31st 1876 1 P. M.
4. *Place of Birth (Street and Number)* 326 Bank St.
5. *Full Name of Mother* Martha E. Keighley
6. *Mother's Maiden Name* Martha E. Thomas
7. *Mother's Birthplace* Mathews Co. Virginia
8. *Full Name of Father* Joseph H. Keighley
9. *Father's Occupation* Ruler
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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9210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 31
4. *Place of Birth (Street and Number)* 267 S. Wolf St
5. *Full Name of Mother* Maydalena Williams
6. *Mother's Maiden Name* " Weinel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred Williams
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Ford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 31st 1876
4. *Place of Birth (Street and Number)* Hollikan A. No 173
5. *Full Name of Mother* Kate Leary
6. *Mother's Maiden Name* Kate Taylor
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Leary
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E Miller

Address N. Dallas St. No 12 E

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

92,12

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 31st 1876

4. Place of Birth (Street and Number) 711 S. Broadway

5. Full Name of Mother Rosa Rudolph

6. Mother's Maiden Name Rudolph

7. Mother's Birthplace Germany

8. Full Name of Father Peter Rudolph

9. Father's Occupation Grocer.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. (Mary K. Rudolph

Address 134 N. Bond St.)

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4-th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 14 1876 286 E. Balt st Md.

4. Place of Birth (Street and Number) 286 E. Balt st

5. Full Name of Mother Mary E. R. Conner

6. Mother's Maiden Name Mary E. R. Ruehle

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John F. Conner

9. Father's Occupation Physician

10. Father's Birthplace Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. John F. Conner

Address 286 E. Balt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* 1 Day of Febr 1876
4. *Place of Birth (Street and Number)* 371 Mulberry Street
5. *Full Name of Mother* Anna Kroff
6. *Mother's Maiden Name* Reich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ferdinand Kroff
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dunker

Address

Remarks

9215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Feby 26 1876

4. *Place of Birth* (Street and Number) 203 Mulberry

5. *Full Name of Mother* Clara B Robinson

6. *Mother's Maiden Name* Wampley

7. *Mother's Birthplace* Westminster Carroll Co

8. *Full Name of Father* Charles M Robinson

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. Kemp

Address 55 N Gilmor St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Hall Burg Saint

1. *Sex (state whether Male or Female)* Male Female Born 22. 1876

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother* Sarah Ann Hutchins

6. *Mother's Maiden Name* Sarah Ann Russell

7. *Mother's Birthplace* City

8. *Full Name of Father* Major Russel

9. *Father's Occupation* Seaman

10. *Father's Birthplace* Calvert county MD

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address Patapsco avenue No 1

Remarks ——

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics, in the City of Baltimore.

RETURN OF A BIRTH.

9217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 1st 1876.
4. Place of Birth (Street and Number)	No 231 Henrietta. Str.
5. Full Name of Mother	Catharine Hüter.
6. Mother's Maiden Name	Catharine Holl.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Conrad Hüter.
9. Father's Occupation	Cabinet-maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs: Margaretha Wagner.
Address	No 174 Burgundy-Str.
Remarks	non.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

9218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feb 1st 1876
4. *Place of Birth* (Street and Number)	51 Woodyear St
5. *Full Name of Mother*	Catherine Weiland
6. *Mother's Maiden Name*	" " Kalb
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Clements Weiland
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger (Midwife)
Address	2 Ho Precinct
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH
FEB 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1876
4. *Place of Birth (Street and Number)* No 95 Commercial st.
5. *Full Name of Mother* Anna Teel
6. *Mother's Maiden Name* Kunz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis Teel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegass

Address 184 E Monument st

Remarks

Extract Regulations of the Board of Health relative to securing a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92.20

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Feb. 1st. 1876.

4. *Place of Birth* (Street and Number) 144 E. Pratt St.

5. *Full Name of Mother* Emma Payant

6. *Mother's Maiden Name* Emma Jefferys

7. *Mother's Birthplace* Northshields England

8. *Full Name of Father* H. W. Payant

9. *Father's Occupation* Bookkeeper

10. *Father's Birthplace* Manchester England

Name of Medical Attendant, or other Person who makes this Return. G. Granville, Rdsk M. D.

Address Balt & Frank. Rds.

Remarks Natural

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9221

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 1st
4. Place of Birth (Street and Number)	84 Little Hall St.
5. Full Name of Mother	Lizzie Sybel
6. Mother's Maiden Name	Eyl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Sybel
9. Father's Occupation	Engine maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Finch
Address	328 S. Eutaw St
Remarks	

Extract Regulations of the Board of Health relating to Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics to be kept by Physicians, Midwives, &c.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9292

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 1st of February 1876
4. *Place of Birth (Street and Number)* Booth Street no. 15
5. *Full Name of Mother* Fanny Johnston
6. *Mother's Maiden Name* Fanny Hobbs
7. *Mother's Birthplace* West River
8. *Full Name of Father* George Johnston
9. *Father's Occupation* Hostler
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Mary Richardson

Address 202 Dover Street

Remarks Child healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 9223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Febr. 1st 1876
4. Place of Birth (Street and Number)	497 N. Fremont St
5. Full Name of Mother	Mrs. Marie Petze
6. Mother's Maiden Name	Marie Linclair
7. Mother's Birthplace	
8. Full Name of Father	Herman H. Petze
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gustavus Liebmann M.D.
Address	
Remarks	

92211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st. 1876 1.30 A. M.
4. *Place of Birth (Street and Number)* 126 S. Bond St.
5. *Full Name of Mother* Margaret F. Malloy
6. *Mother's Maiden Name* Margaret F. Brown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Silla . Malloy
9. *Father's Occupation* Oyster Packer
10. *Father's Birthplace* Fair Haven Conn.

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M D

Address 299 E Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febry 1st 1876
4. Place of Birth (Street and Number)	#66 Catalle St. F.P.
5. Full Name of Mother	Honorah Cain O'Donnell
6. Mother's Maiden Name	Honorah Cain
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick O'Donnell
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary E. Simms
Address	No 178 S. Chapel St F P
Remarks	

Register Registration, &c. Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 4 1876
4. Place of Birth (Street and Number)	N W 68 S Castle St. F P
5. Full Name of Mother	Julia Anne McNicholas
6. Mother's Maiden Name	Julia Hurst
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick McNicholas
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	N W 178 S Chapel & F P
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 1916
BALTIMORE

92217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 1st 1916
4. Place of Birth (Street and Number)	202 Eastern Ave
5. Full Name of Mother	Harriet Logue
6. Mother's Maiden Name	Harriet Lucas
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jesse Logue
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Minder
Address	178 Bayard Ave
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9228

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 10 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 1st 1876
4. Place of Birth (Street and Number)	82 George St
5. Full Name of Mother	Henrietta Weems
6. Mother's Maiden Name	Neil
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Morean L. Weems
9. Father's Occupation	Carpenter & Builder
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	F. Christian M.D.
Address	731 Penna. Ave
Remarks	

RETURN OF A BIRTH.

9229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5"
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 Mo 1' 1875
4. Place of Birth (Street and Number)	213 Barre.
5. Full Name of Mother	Elizabeth Griffin
6. Mother's Maiden Name	Elizabeth Davis.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Griffin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Wm Riley,
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

92.30

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	american Race
3. Date of Birth	February 1st 1876
4. Place of Birth (Street and Number)	Aisquith st # 231.
5. Full Name of Mother	Josephine Dotterweich
6. Mother's Maiden Name	" " Kreutzer
7. Mother's Birthplace	Bavyers Europe
8. Full Name of Father	Franz Le. Dotterweich
9. Father's Occupation	Organist at St James church
10. Father's Birthplace	Bayers Europe
Name of Medical Attendant, or other Person who makes this Return.	Miss Rose Hill.
Address	48 Holland st Balto Md.
Remarks	

1

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 1st 1875

4. Place of Birth (Street and Number) No 186 Mulberry St

5. Full Name of Mother Emma V McCready

6. Mother's Maiden Name " " Reuter

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George R McCready

9. Father's Occupation Brass Worker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. R Reuter M D

Address 87 Mulberry St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* February 7th 1876.
4. *Place of Birth (Street and Number)* Franklin st No 229.
5. *Full Name of Mother* Madlinea Heime.
6. *Mother's Maiden Name* Madlinea Groffer.
7. *Mother's Birthplace* in Germena
8. *Full Name of Father* Leidwicd Heimes
9. *Father's Occupation* Sadler,
10. *Father's Birthplace* in Germena,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger,

Address No 14 Union st.

Remarks

92.99

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
5
1876
BALTIMORE

No. 1.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 1st 1876
4. *Place of Birth* (Street and Number) 66 S. Bethel
5. *Full Name of Mother* Elizabeth Stanley
6. *Mother's Maiden Name* Elizabeth Butler
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Robert A. Stanley
9. *Father's Occupation* Oyster Dealer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilkinson M.D. Ed's Boarding.

Address

Remarks

Penalty for Neglect to Report Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

92,314

HEALTH DEPARTMENT FILED CITY OF BALTIMORE 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1876
4. *Place of Birth (Street and Number)* 344 E Lombard St,
5. *Full Name of Mother* Maria Anna Burkhauser
6. *Mother's Maiden Name* Maria Anna Herrmann
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Valentine Burkhauser
9. *Father's Occupation* Musician,
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dr. Lederer

Address 203 E Lombard St,

Remarks

RETURN OF A BIRTH.

92.35

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 1th
4. Place of Birth (Street and Number)	foot of Hanover street
5. Full Name of Mother	Elizer Ann Hartman
6. Mother's Maiden Name	Elizer Ann Link
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis Hartman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Celestean Conaway
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9236

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 1st Febuary
4. *Place of Birth* (Street and Number) No 20 Fountain st
5. *Full Name of Mother* Martha Greese
6. *Mother's Maiden Name* Martha Loahne
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Loahne
9. *Father's Occupation* White Washer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Geotzke

Address No 55 S Bond st

Remarks

RETURN OF A BIRTH.

-9237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 1- 1876
4. Place of Birth (Street and Number)	38 ~~Argyle~~ Avenue
5. Full Name of Mother	Anna M. Christhilf (Argyle)
6. Mother's Maiden Name	Gill
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Henry B. Christhilf
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Knight M.D.
Address	112 N. Greene
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92.38

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 1 of Februar
4. *Place of Birth* (Street and Number) Bonnerstat St No 100
5. *Full Name of Mother* Gr Henriette Kessler
6. *Mother's Maiden Name* Henriette Leidecker
7. *Mother's Birthplace* Fuchsstat Königreich Hannover
8. *Full Name of Father* Edward Kessler
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Kurz Grünschönstat Provinz Hessen Nassau

Name of Medical Attendant, or other Person who makes this Return. Wilhelmine Keller

Address Stirling St No 166.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics

RETURN OF A BIRTH.

7239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th n.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 1st 1876.
4. *Place of Birth (Street and Number)* No 101 S. Chapple St.
5. *Full Name of Mother* Rosie Ganzenmuller.
6. *Mother's Maiden Name* Rosie Mayer.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Bernhard Ganzenmuller
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Amend.

Address No 137 S Wolfe St.

Remarks ———

Births Registrations by the Boards of Health and Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 February
4. Place of Birth (Street and Number)	92 Dorsett Alley below Calvert St.
5. Full Name of Mother	Catharine Ryder
6. Mother's Maiden Name	Dicker
7. Mother's Birthplace	Rochester
8. Full Name of Father	Fred. Ryder
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hinton Town Waldeck
Name of Medical Attendant, or other Person who makes this Return.	Mary Rowe
Address	328 South Eutaw St
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. 1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd M.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 1st, 1876.
4. *Place of Birth (Street and Number)* No. 76 Hanistead St.
5. *Full Name of Mother* M. Glos.
6. *Mother's Maiden Name* M. Imhof.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* N. Glos.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No. 137 S. Wolfe St.

Remarks

92142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.
1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 1st 1876.
4. *Place of Birth (Street and Number)* No 338 Lombard St.
5. *Full Name of Mother* Chas. Wreneburg.
6. *Mother's Maiden Name* Mc. Cahan.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Christ Wreneburg.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Arnold.
Address No 137 S Wolfe St.
Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb. 2nd

HEALTH DEPARTMENT
FEB 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 & 2.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 1st & 1876.
4. *Place of Birth (Street and Number)* No. 201 Broadway.
5. *Full Name of Mother* Mary Smith.
6. *Mother's Maiden Name* Mary Bachman.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Smith.
9. *Father's Occupation* Saverkeeper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Amend.

Address No. 137 Wolfe St.

Remarks ———

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as
he at the birth of any child, within the City of Baltimore, shall report to the registrar afore
hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or chil
n, its or their physical condition, whether still born or not, the full name, nativity, and resid
he parents, and the maiden name of the mother of such child or children.

92444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febr. 1st 1876
4. *Place of Birth (Street and Number)* 64 Albemarle
5. *Full Name of Mother* Katharine Rebecca Kavanagh
6. *Mother's Maiden Name* " " Luber
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Patrick Joseph Kavanagh
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre S. Dausch M.D.

Address 27 N. Broadway.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 1. 1876
4. Place of Birth (Street and Number)	512 Penn. Avenue
5. Full Name of Mother	Agnes Heil
6. Mother's Maiden Name	Agnes Friedo
7. Mother's Birthplace	Bad. Ct.
8. Full Name of Father	Lawrence Heil
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brown M.D.
Address	201 N. Biddle St.
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

92446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1876
4. *Place of Birth (Street and Number)* N 95 W Monument St
5. *Full Name of Mother* Ann Catherine W. Lilly
6. *Mother's Maiden Name* Ann Catherine W Ludlow
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alonzo Lilly Jr
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D.

Address N 114 Park Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

92,117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT FEB 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1876
4. *Place of Birth (Street and Number)* N 97 Townsend St
5. *Full Name of Mother* Ann L. C. Papano
6. *Mother's Maiden Name* Ann L. C. Baldwin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Ferdinand Papano
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D

Address N 114 Park Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9248

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Mulatto
3. *Date of Birth*	Feby 1. 1876
4. *Place of Birth* (Street and Number)	Bouldin alley No 76
5. *Full Name of Mother*	Mary Bell
6. *Mother's Maiden Name*	Mary Williams
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Amos Bell
9. *Father's Occupation*	Oyster Vender
10. *Father's Birthplace*	Danfax Va
Name of Medical Attendant, or other Person who makes this Return.	Geo W. Dirry M.D
Address	341 Myrtle Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 1 1876 Jan 1 1876

4. Place of Birth (Street and Number)

5. Full Name of Mother Alice Green

6. Mother's Maiden Name

7. Mother's Birthplace Annapolis Maryland

8. Full Name of Father John Green

9. Father's Occupation Laborer

10. Father's Birthplace Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return.

Address Dr Smith Thomas St Burgess

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 2d of February

4. Place of Birth (Street and Number) Eutaw St. No 220

5. Full Name of Mother Louisa Frederick

6. Mother's Maiden Name " Mullikin

7. Mother's Birthplace Eastern Shore

8. Full Name of Father Adolphus Fredericks

9. Father's Occupation Pea-dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 36 Cathedral St.

Remarks

RETURN OF A BIRTH.

9251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 2 Th
4. Place of Birth (Street and Number)	No 72 N Schroeder St
5. Full Name of Mother	Magdalean A Williamson
6. Mother's Maiden Name	Magdalean Graby
7. Mother's Birthplace	Germany
8. Full Name of Father	James. Williamson
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dumbler
Address	No 60 N. Schroder. St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92552

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 2 1876
4. *Place of Birth (Street and Number)* No 20 Howard Street
5. *Full Name of Mother* Sarah Howard
6. *Mother's Maiden Name* Sarah Simmons
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Isaac H. Howard
9. *Father's Occupation* Public waiter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Hester A. Bodley Dr Pro

Address No 25 Orchard Street

Remarks

Legal Requirements for Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 2 of February 1876
4. *Place of Birth (Street and Number)* Balt No 142 Tyson St
5. *Full Name of Mother* Caroline Owens
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Marshall Owens
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Carroll Co

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address 83 Oxford St

Remarks

92254

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
12
1976
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Feb 2 1876

4. Place of Birth (Street and Number) 1411 Eden Ave.

5. Full Name of Mother Annie Gray

6. Mother's Maiden Name

7. Mother's Birthplace Anne Arundle County, Md.

8. Full Name of Father Thomas Gray

9. Father's Occupation Laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Dr. Lynch, Hosp. 11 Bayview Ave.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9235

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white.
3. Date of Birth	2. February 1876.
4. Place of Birth (Street and Number)	No. 7. Laylope St.
5. Full Name of Mother	Annie Webb.
6. Mother's Maiden Name	Annie Feathers.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	William Webb.
9. Father's Occupation	Bracksmann.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner
Address	No 29. Lizabith Lane.
Remarks	

9256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		Second child to mother
1. *Sex (state whether Male or Female)*	1	
2. *Race or Color (if not of the white race)*	2	White children
3. *Date of Birth*	3	Febuarry the 2
4. *Place of Birth (Street and Number)*	233	East Gough Street
5. *Full Name of Mother*	4	Bridget King
6. *Mother's Maiden Name*	5	Bridget McNulty
7. *Mother's Birthplace*	6	County mayo ireland
8. *Full Name of Father*	7	Patrick King
9. *Father's Occupation*	8	boxetian of Ascommon ireland
10. *Father's Birthplace*	9	County galway ireland
Name of Medical Attendant, or other Person who makes this Return.		Mr G. Brendel
Address		No 202 South Bond St
Remarks		

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9251

HEALTH DEPARTMENT FEB 10 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febry 2nd 1896
4. Place of Birth (Street and Number)	No 139 S. Chapel St.
5. Full Name of Mother	Mina Price Nieberlein
6. Mother's Maiden Name	Mina Price
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Fred Nieberlein
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary E. Simms
Address	No 178 S. Chapel St
Remarks	

Extract from Regulations of the Board of Health of Baltimore City, in relation to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92558

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex* (state whether Male or Female) ~~Male~~ female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* January 2nd 1916

4. *Place of Birth* (Street and Number) 107 Bond St.

5. *Full Name of Mother* Margaretha Diebel

6. *Mother's Maiden Name* Margaretha Fischer

7. *Mother's Birthplace* Bavaria Germany

8. *Full Name of Father* Martin Diebel

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. M. A. Bell

Address No 209 Monument St. Cor. Central av. Baltimore

Remarks Well

RETURN OF A BIRTH.

92.59

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 2d 1876
4. Place of Birth (Street and Number)	264 Hanover Street
5. Full Name of Mother	Pauline Vennerohl
6. Mother's Maiden Name	" " Krause
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Vennerohl
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathirina Münch
Address	74 Leadenhall Street
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. Sex (*state whether Male or Female*) Male

2. Race or Color (*if not of the white race*) Negro

3. Date of Birth Feb 1st

4. Place of Birth (*Street and Number*) 1 Eliza St rear

5. Full Name of Mother Susan Meadows

6. Mother's Maiden Name Not Married

7. Mother's Birthplace Baltimore City

8. Full Name of Father Born Unknown

9. Father's Occupation Cook

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm Dennis M.D.

Address College Av 1216

Remarks Cook

Extract from Regulations of the Board of Health of Baltimore.

Concerning the Duty of Physicians to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Regulations of the Board of Health relative to Returns of Births and Deaths, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9261

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (~~state whether~~ Male ~~or Female~~)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	Feb 2nd 1876.
4. Place of Birth (Street and Number)	No 266 N Bond st Balto Md
5. Full Name of Mother	Hannah Halstead
6. Mother's Maiden Name	" Herzsheimer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Alfred Thos Halstead
9. Father's Occupation	Manufacture Dye Stuffs
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	S. Ridgely Andre M D
Address	No 121 E Baltimore
Remarks	

9262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Female 2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 2th
4. Place of Birth (Street and Number)	No 17 Stocker st
5. Full Name of Mother	Barbara Rajcob
6. Mother's Maiden Name	Barbara Horn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Rajcob
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Schmidt
Address	476 B. A.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92693

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 2nd 1876
4. *Place of Birth* (Street and Number) No 15 E Madison St
5. *Full Name of Mother* Catharine Frazier
6. *Mother's Maiden Name* Burke
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Frazier
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Charleston S.C.

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chevrier

Address 129 E Monument St

Remarks

RETURN OF A BIRTH.

9261

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 2nd 1876
4. *Place of Birth* (Street and Number) No 39 E Eager St
5. *Full Name of Mother* Elizabeth Nevins
6. *Mother's Maiden Name* Elizabeth Gahagan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John B Nevin
9. *Father's Occupation* Constable
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles F Saunders M. D.

Address 59 Cathedral St

Remarks

Extract Regulations of the Board of Health relative to accurate and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

92165

HEALTH DEPT
FEB
5
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Febry the 2

4. Place of Birth (Street and Number) Castle Street No. 91

5. Full Name of Mother ~~Rose~~ ~~Corcoran~~ Rose Hart

6. Mother's Maiden Name Rose Canaan

7. Mother's Birthplace England

8. Full Name of Father Patrick Hart

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 2nd 1876

4. Place of Birth (Street and Number) Pine & Lemmon

5. Full Name of Mother Lallie Oneill

6. Mother's Maiden Name Lallie John

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Oneill

9. Father's Occupation Livery Stable

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J H P Wolfe

Address 257 Penn Lombard

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	white race
3. Date of Birth	2 February 1876
4. Place of Birth (Street and Number)	168 Hamburg Street
5. Full Name of Mother	Emilie Christine Brust.
6. Mother's Maiden Name	Emilie Christine Voegel
7. Mother's Birthplace	Germany. Europa.
8. Full Name of Father	John Jacob Brust.
9. Father's Occupation	Teacher
10. Father's Birthplace	Wirttemberg. Europa.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Strong (mid wife)
Address	J. J. Brust. 168 Hamburg. str. Baltimore. Md.
Remarks	No 12 Seaboard Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

9268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 2nd 1876
4. Place of Birth (Street and Number)	71 N. Schroeder
5. Full Name of Mother	Sarah Klages
6. Mother's Maiden Name	Houstan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Andrew Klages
9. Father's Occupation	Salesman (Gail & Ax)
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	Full name of child – Jane Klages

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 2d 1876.
4. *Place of Birth* (Street and Number) N. Washington St. No. 376.
5. *Full Name of Mother* Bertha Guenther
6. *Mother's Maiden Name* Bertha Scheidt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Hermann Guenther
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth 2d Feb. 76

4. Place of Birth (Street and Number) 268 Park ave

5. Full Name of Mother Ida G. Loane

6. Mother's Maiden Name " " Fuller

7. Mother's Birthplace md

8. Full Name of Father Harry C Loane

9. Father's Occupation Bricklayer

10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. G L Janeyhill MD

Address 129 W. Biddle st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9271

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male ~~or Female~~) Child

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Jan 29/75

4. *Place of Birth* (Street and Number) 52 Bridge St

5. *Full Name of Mother* Sarah E. Miller

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* Baltimore Co Md.

8. *Full Name of Father* Wm H. Miller

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer M.D.

Address 379 W. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 2nd
4. Place of Birth (Street and Number)	No 295 W Fayette.
5. Full Name of Mother	Augusta Gienke
6. Mother's Maiden Name	Augusta Richer
7. Mother's Birthplace	Germany.
8. Full Name of Father	Gustav Gienke
9. Father's Occupation	Tobacco merchant
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	H Henry Salzer
Address	165 W. Lombard Street
Remarks	

Extract from Ordinance No. [illegible] Section [illegible] Entitled "An Ordinance to Correct Records of Births."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92173

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Board of Health to secure a full and cor-
Statistics in the City of Balto.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether ~~Male~~ or Female)

Race or Color (if not of the white race) W hite

Date of Birth Feby 2d

Place of Birth (Street and Number) 243 Pennsylvania Ave

Full Name of Mother Emma Matilda Gellethy

Mother's Maiden Name

Mother's Birthplace England (London)

Full Name of Father James H Gellethy

Father's Occupation Jeweller

Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. W W Antrim

Address 192 Pearl St

Remarks

Extract from Regulations in relation to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT CITY MAR 4 1876 BALTIMORE MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th.

1. *Sex* (*state whether Male or Female*) female.
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* February 25
4. *Place of Birth* (*Street and Number*) 19 Gent Str.
5. *Full Name of Mother* Mary Linder.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Saxonia.
8. *Full Name of Father* John Linder
9. *Father's Occupation* Farm
10. *Father's Birthplace* Saxonia.

Name of Medical Attendant, or other Person who makes this Return. Hy. Koch.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9275

HEALTH DEPARTMENT
FEB
18
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. *Sex* (*state whether Male or ~~Female~~*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Feb: 2nd 1876
4. *Place of Birth* (*Street and Number*) 302 ½ Howard st:
5. *Full Name of Mother* Minnie Hohman
6. *Mother's Maiden Name* Minnie Ostendorf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W: H: Hohman
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. B. Elliott M: D:

Address 117 Madison st: corner Park ave:

Remarks

9276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2ns birth (Twins)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 3d
4. Place of Birth (Street and Number)	Franklin near no 499
5. Full Name of Mother	Emma Davis
6. Mother's Maiden Name	Emma Galloway
7. Mother's Birthplace	Balto City
8. Full Name of Father	Geo Davis Jr
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	D. F. Hoffman M.D.
Address	279 West Lafayette
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Feet Record of Vital Statistics

RETURN OF A BIRTH.

9277

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Third
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Feb 3rd 1876
4. Place of Birth (*Street and Number*)	892 W Baltimore St
5. Full Name of Mother	Laura V. Rodgers
6. Mother's Maiden Name	Laura V Godman
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James W Rodgers.
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. C. Leguen M.D.
Address	17 N Calhoun St
Remarks	

9218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
ex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	3 day February
Place of Birth (Street and Number)	5 South Caroga St
Full Name of Mother	Mary Elizabeth Shultz
Mother's Maiden Name	Mary E Rutledge
Mother's Birthplace	Harford County Md
Full Name of Father	John H Shultz
Father's Occupation	Molder Machinist
Father's Birthplace	Baltimore City
Name of Medical Attendant or other Person who makes this Return.	Mrs Mary Martin Midwife
Address	No 42 S. Oregon St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Registration of Births and Deaths in the City of Baltimore.

9279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 3rd 1876
4. Place of Birth (Street and Number)	2n 2d Bartlett St.
5. Full Name of Mother	Mariah Susan Griffith
6. Mother's Maiden Name	Mariah Susan Boyer
7. Mother's Birthplace	Martinsburgh Virginia
8. Full Name of Father	Dennis Alex Griffith
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	G. S. Johnson M.D.
Address	153 S. Paca St. City
Remarks	Left occipito Iliac anterior, presentation. In Labor first hour. Child healthy

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9280

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 3rd 1876
4. Place of Birth (Street and Number)	No 26 Cecil Street
5. Full Name of Mother	Julia Ann Williams
6. Mother's Maiden Name	Julia Ann Williams
7. Mother's Birthplace	Newtown Md
8. Full Name of Father	Alexander Williams
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore Md
Name of ~~Medical Attendant~~, or other Person who makes ~~this~~ Return.	Emily Hughes
Address	No 230 West Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Dr

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 3rd 1876
4. *Place of Birth (Street and Number)* No 211 S. Bond St
5. *Full Name of Mother* Elizie Thieman
6. *Mother's Maiden Name* " Mormann
7. *Mother's Birthplace* City
8. *Full Name of Father* Frank Thiemann
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

92882

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* ~~Jan~~ Feb 3 1876
4. *Place of Birth* (Street and Number) 134 Mulberry St
5. *Full Name of Mother* Rosa Getz
6. *Mother's Maiden Name* Rosa Fitzgerald
7. *Mother's Birthplace* Md
8. *Full Name of Father* Charles Getz
9. *Father's Occupation* Brick dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A Bruce Dr Attended MD

Address

Remarks

RETURN OF A BIRTH.

9283

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) ——

3. Date of Birth February 3d 1876.

4. Place of Birth (Street and Number) 147. N. Paca St.

5. Full Name of Mother Mary Heller Keyworth

6. Mother's Maiden Name " " Harrow

7. Mother's Birthplace Balto. City.

8. Full Name of Father Chas S. Keyworth,

9. Father's Occupation Tobacconist,

10. Father's Birthplace Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall, M.D.

Address 158 S. Sharp St.

Remarks Stillborn

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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92514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 3rd "
4. Place of Birth (Street and Number)	Baltimore Hollins st. 198 W.
5. Full Name of Mother	Margret Kearney
6. Mother's Maiden Name	" Conroy
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Kearney
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parkin st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9285

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb 3rd 1876

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) mail
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 3rd 1876
4. Place of Birth (Street and Number) East St no. 81
5. Full Name of Mother Ancey Galaway
6. Mother's Maiden Name Ancey Brankr
7. Mother's Birthplace Queenanops Co. Md
8. Full Name of Father Samuel Gallary
9. Father's Occupation Sailer
10. Father's Birthplace Willington north Carolina

Name of Medical Attendant, or other Person who makes this Return. Marin Grodon mid wife

Address East St. 57

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9286

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February the 3th 1876
4. *Place of Birth* (Street and Number)	162 Register Street
5. *Full Name of Mother*	Augusta Fr"der
6. *Mother's Maiden Name*	" " " Josewisch
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Fr"der
9. *Father's Occupation*	Watchman
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feby 3/1876
4. Place of Birth (Street and Number)	107 Hampstead St.
5. Full Name of Mother	Mary Eliz. Ann Griggs
6. Mother's Maiden Name	" " " Robinson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Chas. Dallas Griggs
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr R.N. Mansfield
Address	117 S Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

92188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) three

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* third of February
4. *Place of Birth (Street and Number)* Druid st
5. *Full Name of Mother* Mary A McDaniel
6. *Mother's Maiden Name* Mary A Phillips
7. *Mother's Birthplace* Wales
8. *Full Name of Father* William McDaniel
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Philedelpa

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Margret Ecker
No 13 Exeter Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 3rd 1876
4. *Place of Birth (Street and Number)* S. Chester Street No 181
5. *Full Name of Mother* Bridget A. Shields
6. *Mother's Maiden Name* " " Carlon
7. *Mother's Birthplace* ~~County Tyrone~~ Ireland
8. *Full Name of Father* John F Shields
9. *Father's Occupation* Charcoal Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address 193 South Chester St

Remarks Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7 1876
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 8th 1876
4. Place of Birth (Street and Number)	No 19 Orchard St.
5. Full Name of Mother	Selina Wolfe
6. Mother's Maiden Name	[redacted] Epstein
7. Mother's Birthplace	West Chester Penn
8. Full Name of Father	Leo Wolfe
9. Father's Occupation	Jeweler
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Danl H Bruce M.D.
Address	No 29 Aisquith St. Balto Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 9291

HEALTH DEPARTMENT
FEB 7 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 3rd 1876
4. *Place of Birth* (Street and Number) 210 Bank St City
5. *Full Name of Mother* May Ann Brisk
6. *Mother's Maiden Name* Leslie
7. *Mother's Birthplace* England
8. *Full Name of Father* Wm Brisk
9. *Father's Occupation* Superintendent Shoe Factory
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Geo. N. Hanson M.D.

Address H & Hanover & City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9292

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* February 3. 1876

4. *Place of Birth* (Street and Number) 100 Shakspeare St

5. *Full Name of Mother* Eliza Bonawell

6. *Mother's Maiden Name* Eliza Lair

7. *Mother's Birthplace* ac mack Virginia

8. *Full Name of Father* Peter W. Bonawell

9. *Father's Occupation* Captain Tug boat

10. *Father's Birthplace* ac mack Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr Hackett & Garrett

Address 439 Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9293

HEALTH DEPARTMENT
FEB
1916
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 3 1916
4. Place of Birth (Street and Number)	339 Aisquith st
5. Full Name of Mother	Roxanna J Foster
6. Mother's Maiden Name	Roxanna J Cotie
7. Mother's Birthplace	Shrewsbury Pa
8. Full Name of Father	William Foster
9. Father's Occupation	Laborer
10. Father's Birthplace	Huntingdon Pa
Name of Medical Attendant, or other Person who makes this Return.	Regina G Wisler
Address	185 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

92911

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male 1

2. Race or Color (if not of the white race) Colored

3. Date of Birth 3 of feb 1876

4. Place of Birth (Street and Number) Balt No 61 Oxford st

5. Full Name of Mother Harriet Jackson

6. Mother's Maiden Name H Stewart

7. Mother's Birthplace Fredrick Co Md

8. Full Name of Father Francis Jackson

9. Father's Occupation Selling Coal

10. Father's Birthplace West River

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feb 3 d 1876
4. *Place of Birth* (Street and Number)	No 302 Gross st
5. *Full Name of Mother*	Caroline Plitt
6. *Mother's Maiden Name*	Flaiber
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	George Plitt
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Pohlhasser midwife
Address	213 Gross st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9296

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colod
3. Date of Birth	Feby 3 1876
4. Place of Birth (Street and Number)	Church 14 steet
5. Full Name of Mother	Helen Jane
6. Mother's Maiden Name	
7. Mother's Birthplace	Balt city
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Midwife
Address	Mary Chase
Remarks	rieker court No 6

RETURN OF A BIRTH.

9297

HEALTH DEPT
FEB
3
1876
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 3 of February 1876

4. Place of Birth (Street and Number) Eutaw No 28

5. Full Name of Mother Rachel Ann Leonard

6. Mother's Maiden Name Rachel Ann Black

7. Mother's Birthplace Cambridge

8. Full Name of Father Melvin Leonard

9. Father's Occupation Oyster Spencer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Robt. Williams

Address No 70 Chestnut Alley

Remarks Mother child doing Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 3d.
4. Place of Birth (Street and Number)	No 30 Myrtle Avenue
5. Full Name of Mother	Annie Catherine Smith
6. Mother's Maiden Name	Do Haberkorn
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Ferdinand Charles Smith
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Baltimore Dunbar
Address	Mrs. Smith 1439
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9299

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 3d 1876
4. Place of Birth (Street and Number)	56 King Street
5. Full Name of Mother	Rika Eiles
6. Mother's Maiden Name	" " Seth
7. Mother's Birthplace	Germany
8. Full Name of Father	John Eiles
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chatherina Seebach
Address	439 W Pratt Street
Remarks	—

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9300

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Jewish race

3. Date of Birth February 3d. 1876

4. Place of Birth (Street and Number) Gay St # 391.

5. Full Name of Mother Sarah Feldan

6. Mother's Maiden Name " Myerowitz.

7. Mother's Birthplace Poles Europe

8. Full Name of Father Levy Feldan

9. Father's Occupation Military

10. Father's Birthplace Poles Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uelzig

Address 48 Holland St Balto City

Remarks

RETURN OF A BIRTH.

P.301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Feb. 3. 1876.

4. Place of Birth (Street and Number) William Street. No 209.

5. Full Name of Mother Barbara Bosman

6. Mother's Maiden Name Barbara Hartlein.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Henry Bosman.

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Breure

Address 114 Barney St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11 P. M. 3rd February, 1876.

4. Place of Birth (Street and Number) No 135 S. Caroline St.

5. Full Name of Mother Sophia Drain Cockey Doyle

6. Mother's Maiden Name Sophia Drain Cockey

7. Mother's Birthplace Somerset County Maryland

8. Full Name of Father John Doyle

9. Father's Occupation Paperhanger

10. Father's Birthplace England.

Name of Medical Attendant, or other Person who makes this Return. Wm. S. Street M.D.

Address 5 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9303

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 3d 1876
4. Place of Birth (Street and Number)	No 286 North Bond st
5. Full Name of Mother	Amelia Sturgeon
6. Mother's Maiden Name	Amelia Mercer
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jos. Sturgeon
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M D
Address	17 Warren Av
Remarks	

13011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
1913
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4. February
4. *Place of Birth (Street and Number)* 1611 Ash Ave
5. *Full Name of Mother* Josefine Lahnicka
6. *Mother's Maiden Name* " " Schatt
7. *Mother's Birthplace* Austria Bohemia
8. *Full Name of Father* Anton Lahnicka
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Austria Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 1611 Ash Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2305

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	2 Male 1 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 4th 1876
4. Place of Birth (Street and Number)	Baltimore Stricker No 77
5. Full Name of Mother	
6. Mother's Maiden Name	Margaret Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph H Davidson
9. Father's Occupation	~~Baltimore~~ Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm S Fulwyler M D
Address	766 West Balt st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9.306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Febuei 4 th 1876
4. *Place of Birth* (Street and Number) c/o 16 adison aley
5. *Full Name of Mother* Josephin Simens
6. *Mother's Maiden Name* Josephin Roden
7. *Mother's Birthplace* Laksvile Md
8. *Full Name of Father* Frank a Simens
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Laksvile Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Sinclair

Address No 29 Monro St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1

9307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 4th 1876
4. *Place of Birth (Street and Number)* No 148 Madeira Alley
5. *Full Name of Mother* Dorothea Dietz
6. *Mother's Maiden Name* " Kallert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Dietz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 4th 1876
4. *Place of Birth (Street and Number)* No 11 Fell St
5. *Full Name of Mother* Bertha Myers
6. *Mother's Maiden Name* Thierman
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* William Myers
9. *Father's Occupation* Bargeman
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank St

Remarks Still Birth

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 4th 1876
4. Place of Birth (Street and Number)	132 Scott St.
5. Full Name of Mother	Georgeanna Melvin
6. Mother's Maiden Name	Georgeanna Fields
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Franklin Melvin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Myra Goodman
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9310

HEALTH DEPARTMENT
FEB
9
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex* (~~*state whether*~~ *Male or* ~~*Female*~~) Male

2. *Race or* ~~*Color (if not of the*~~ *white race*)

3. *Date of Birth* February 4th 1876

4. *Place of Birth* (*Street and Number*) 11 Falls Street

5. *Full Name of Mother* Susan McCourt

6. *Mother's Maiden Name* " Fagerty

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Edward McCourt

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 157 N. Exeter St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd child

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* February 1 1876
4. *Place of Birth* (*Street and Number*) 27 harrison St canton
5. *Full Name of Mother* margret holenston
6. *Mother's Maiden Name* margret cullen
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Jateh holenston
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel mcgarrett

Address 435 wiconisco St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 4th. 1876.
4. Place of Birth (Street and Number)	No 745 W. Lombard st
5. Full Name of Mother	Mary Dasch
6. Mother's Maiden Name	Mary Straues
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Dasch
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Catherine Lord No 57 Bantalo st. Balto.
Remarks	

9313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feb 1st 1876
4. *Place of Birth* (Street and Number)	No 374 Light st
5. *Full Name of Mother*	Magdalena Ahlfeldt
6. *Mother's Maiden Name*	Bergfeld
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Fritz Ahlfeldt
9. *Father's Occupation*	Plummer
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwarzer midwife
Address	913 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

9.3111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st Child Female

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* January 9th
4. *Place of Birth* (*Street and Number*) Park Avenue No 141
5. *Full Name of Mother* Elizabeth Bare
6. *Mother's Maiden Name* Not Married
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Frank Light
9. *Father's Occupation* Keeper [illegible]
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Whaltz

Address Eutaw St N P.O.

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. *Sex* (state whether Male or Female)	male and female
2. *Race or Color* (if not of the white race)	Col
3. *Date of Birth*	feb 4th 1876
4. *Place of Birth* (Street and Number)	Hamburg St. No 44
5. *Full Name of Mother*	Julia cotton Shaw
6. *Mother's Maiden Name*	Julia Stewart
7. *Mother's Birthplace*	accomack Co Va
8. *Full Name of Father*	William Collins
9. *Father's Occupation*	Seaman
10. *Father's Birthplace*	accomack Co Va
Name of Medical Attendant, or other Person who makes this Return.	Amelia Robson
Address	No 42
Remarks	Peach Alley

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 4th 1876
4. *Place of Birth (Street and Number)* No. 148 S. Eden St.
5. *Full Name of Mother* Barbara Guckert
6. *Mother's Maiden Name* " " Brohyman
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Christophe Guckert
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolfram

Address No 175 South Eden St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
776
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 4 February
4. *Place of Birth* (Street and Number) washington st 32
5. *Full Name of Mother* rate dehn
6. *Mother's Maiden Name* mary blades
7. *Mother's Birthplace* het bosel
8. *Full Name of Father* william dhn
9. *Father's Occupation*
10. *Father's Birthplace* hach bicome

Name of Medical Attendant, or other Person who makes this Return. Hallgarten Pinkard

Address 52 High Dumutt st 439

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	4 of February
4. Place of Birth (Street and Number)	Hanover St. No 402.
5. Full Name of Mother	Mary Barrister
6. Mother's Maiden Name	Mary Murphy
7. Mother's Birthplace	Wexford Ireland
8. Full Name of Father	John Barrister
9. Father's Occupation	Baker Works
10. Father's Birthplace	Wexford Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jas Harper
Address	West St. No. 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of February
4. Place of Birth (Street and Number)	William St. No 211.
5. Full Name of Mother	Mage Stricker
6. Mother's Maiden Name	Mage Kinnee
7. Mother's Birthplace	Harlag in Germany
8. Full Name of Father	Anton Stricker
9. Father's Occupation	Tailor
10. Father's Birthplace	Antaun in Germany
Name of Medical Attendant, or other Person who makes this Return.	Ober Martin
Address	West St. No 128
Remarks	

Extract from Regulations of the Board of Health relative to the correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9320

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 4th 1876
4. *Place of Birth (Street and Number)* 72 Lenham St.
5. *Full Name of Mother* Margaret Baines
6. *Mother's Maiden Name* Margaret Kennedy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Baines,
9. *Father's Occupation* Laborer,
10. *Father's Birthplace* Ireland,

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St. Balto Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9321

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* Feb. 4th 1876
4. *Place of Birth* (Street and Number) No. 35 Sarah Ann st.
5. *Full Name of Mother* Emily Jane Smith
6. *Mother's Maiden Name* " " Cannee
7. *Mother's Birthplace* Frederick Co. Md.
8. *Full Name of Father* George Andrew Smith
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner M. D.

Address 121 Mulberry st.

Remarks

Extract Regulations of the Board of Health relating to the Registration of Births in the City of Baltimore.

Correct Record of Vital Statistics is necessary.

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
5
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 4th 1876
4. *Place of Birth (Street and Number)* 85 S. Bethel St.
5. *Full Name of Mother* Federika [redacted] Shere
6. *Mother's Maiden Name* Federika Shully
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Shere
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Hughes in Bavaria

Name of Medical Attendant, or other Person who makes this Return. B. Lekar

Address 20 S. Durham St.

Remarks

9323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 4th Feb 1876

4. Place of Birth (Street and Number) 4 S Exeter St.

5. Full Name of Mother Susan Ulanicke

6. Mother's Maiden Name " Kirby

7. Mother's Birthplace America

8. Full Name of Father Geo. Ulanicke

9. Father's Occupation Plumber

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspe

Address 52 E Lombard St.

Remarks

Legal Regulations of the Board of Health in relation to the Registration of Births and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9.324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male or~~ Female) ff

2. Race or Color (if not of the white race) white

3. Date of Birth Feb. 4th 76

4. Place of Birth (Street and Number) No 239 w. Pratt St.

5. Full Name of Mother Otilie Charlotte Stuens.

6. Mother's Maiden Name Otilie Charlotte Koethe.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Julius Ernst Christian Stuens.

9. Father's Occupation Baker.

10. Father's Birthplace Delmenhorst. Granddukedom Oldenburg. Germany.

Name of Medical Attendant, or other Person who makes this Return. H. C. Albers M.D.

Address 95 S. Sharp St.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9325

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Black
3. *Date of Birth*	Feby 4th 1876
4. *Place of Birth* (Street and Number)	157 Mosher St
5. *Full Name of Mother*	"
6. *Mother's Maiden Name*	Susan Brown
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Illegitimate
9. *Father's Occupation*	Sawyer
10. *Father's Birthplace*	Okitano
Name of Medical Attendant, or other Person who makes this Return.	Geo W Airey M D
Address	341 Myrtle ave
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 4th 1876
4. *Place of Birth (Street and Number)* N° 118 Park Ave
5. *Full Name of Mother* Ella Johnson Keer
6. *Mother's Maiden Name* Ella Johnson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E. Keer
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Talbot Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D

Address N 114 Park Ave

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9.327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 5
4. Place of Birth (Street and Number)	Pierce Street N.103.
5. Full Name of Mother	Anna Kungund Kurz
6. Mother's Maiden Name	Anna Kungund Koch
7. Mother's Birthplace	Ottrau Germany
8. Full Name of Father	George Kurz
9. Father's Occupation	Tailor
10. Father's Birthplace	Riebelsdorf amt neukirchen Kreis Zigenhain Chinhessen
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M. Miller
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	5 Feb. 1876
4. Place of Birth (Street and Number)	78 S. Register St.
5. Full Name of Mother	Margretha Schmalbach
6. Mother's Maiden Name	Kurth
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schmalbach
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrauf Miller
Address	151 E. Fall St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twin.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 Feby 1876
4. Place of Birth (Street and Number)	58 Portland St.
5. Full Name of Mother	Eliza Bauhaus
6. Mother's Maiden Name	" Orendorph
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. Bauhaus
9. Father's Occupation	Taylor
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address	328 South Eutaw St.
Remarks	Died 29th 3 weeks 3 da. old. Spasms

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 5th February 1876
4. *Place of Birth* (Street and Number) 196 Montgomery st
5. *Full Name of Mother* Mary Coen
6. *Mother's Maiden Name* Mary Curran
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Darby Coen
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. M. Webster M.D.

Address 57 Barre st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 13 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth Feb 5th 1876

4. Place of Birth (Street and Number) 1288 Burgundy alley

5. Full Name of Mother Louisa Barker

6. Mother's Maiden Name

7. Mother's Birthplace Bell. Sun. Co.

8. Full Name of Father Not known

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy alley

Remarks

9332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1975
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. ***Sex*** (*state whether Male or Female*) male
2. ***Race or Color*** (*if not of the white race*)
3. ***Date of Birth*** 1st February 1876
4. ***Place of Birth*** (*Street and Number*) 34 Hopkins St
5. ***Full Name of Mother*** Sarah Keen
6. ***Mother's Maiden Name*** " Clark
7. ***Mother's Birthplace*** U. States of America
8. ***Full Name of Father*** Lo D. Keen
9. ***Father's Occupation*** Lawyer
10. ***Father's Birthplace*** U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14
1876
BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary 5th 1876
4. Place of Birth (Street and Number)	No 6 Adison ally
5. Full Name of Mother	Elizzebeth Hooke
6. Mother's Maiden Name	Elizzebeth Kuhn
7. Mother's Birthplace	Germeny
8. Full Name of Father	Samuel R Hooke
9. Father's Occupation	Molder
10. Father's Birthplace	Pensylv
Name of Medical Attendant, or other Person who makes this Return.	Elizzebeth Sinclair
Address	No 29 Monro St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9331

HEALTH DEPT. FEB 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* February 5th.

4. *Place of Birth (Street and Number)* No 271 N. Caroline St.

5. *Full Name of Mother* Mary Frances Bailey

6. *Mother's Maiden Name* Mary Francis Callihan

7. *Mother's Birthplace* Mississippi U.S.

8. *Full Name of Father* Richard Bailey

9. *Father's Occupation* Merchant

10. *Father's Birthplace* England.

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge

Address S.E. Cor Charles & Reed Sts.

Remarks

9.3.3.5

HEALTH DEPARTMENT
FEB
11
1976
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 5th
4. *Place of Birth (Street and Number)* 58 Portland
5. *Full Name of Mother* Elizabeth Paulsen
6. *Mother's Maiden Name* Osendorf
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Wm Paulsen
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kuhn

Address 328 S Eutaw St

Remarks 3

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	~~[illegible]~~ Color
3. Date of Birth	Saturday Feb 5 1876
4. Place of Birth (Street and Number)	105 Lee Street
5. Full Name of Mother	Mrs mary Woodbridge
6. Mother's Maiden Name	mary howard
7. Mother's Birthplace	north hampton County
8. Full Name of Father	david howard.
9. Father's Occupation	Drayman
10. Father's Birthplace	Christr County
Name of Medical Attendant, or other Person who makes this Return.	mrs Bernard
Address	209 hamburg Street
Remarks	a good time

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 10 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feb 5th 1876
4. *Place of Birth* (Street and Number)	No 2 N. Register St.
5. *Full Name of Mother*	Elizabeth Bial
6. *Mother's Maiden Name*	" Bickel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Michael Bial
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bachmann
Address	120 Bank St.
Remarks	

Extract from Regulations of the Board of Health

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9338

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Jan 2 [illegible] Feb 3rd 1876

4. *Place of Birth* (Street and Number) [illegible] Sharp St

5. *Full Name of Mother* Magdalena Schaffer

6. *Mother's Maiden Name* " Schultz

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Edward Schaffer

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Benson M.D.

Address 164 Hanover St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9339

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) mal

2. Race or Color (if not of the white race) Colord still Born

3. Date of Birth Febuy 5 1876

4. Place of Birth (Street and Number) 11 Thorp Alley in the rear

5. Full Name of Mother Jane Broon

6. Mother's Maiden Name

7. Mother's Birthplace Kentucky Land

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. M Mcintosh

Address Mary Chapel nichols court No 6

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9340

HEALTH DEPARTMENT FEB 5 1896 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 5 1896
4. *Place of Birth (Street and Number)* Hughes st No 180
5. *Full Name of Mother* frances Burton
6. *Mother's Maiden Name* frances Mccamy
7. *Mother's Birthplace* New bedford Massachusets
8. *Full Name of Father* Joseph Mccamy
9. *Father's Occupation* cart driver
10. *Father's Birthplace* New bellford Massachusets

Name of Medical Attendant, or other Person who makes this Return. Maria Cotton Midwife

Address 191 Hughes street

Remarks

RETURN OF A BIRTH.

93441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 5th 1876
4. *Place of Birth (Street and Number)* 161 So. Sharp St.
5. *Full Name of Mother* Ellenora Damer
6. *Mother's Maiden Name* Ellenora Frail
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John S. Damer
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. [illegible] Beeuwkes

Address Sharp & Lee Sts

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 5th 1875
4. *Place of Birth (Street and Number)* 259 Canton Avenue
5. *Full Name of Mother* Sarah Ann Lofgren
6. *Mother's Maiden Name* Sarah Ann Eakins
7. *Mother's Birthplace* England
8. *Full Name of Father* Peter G Lofgren
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace* Sweden

Name of Medical Attendant, or other Person who makes this Return. Reported by Father Peter G Lofgren

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9.343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 5th
4. Place of Birth (Street and Number)	corner Mound & Townsend Sts.
5. Full Name of Mother	Mathilda Ragge
6. Mother's Maiden Name	Mathilda Schloemann
7. Mother's Birthplace	Bremen Germany
8. Full Name of Father	Christian Ragge
9. Father's Occupation	Importer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	H Henry Salzer
Address	165 W. Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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93111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* February 6th
4. *Place of Birth* (Street and Number) 222 Durham st.
5. *Full Name of Mother* Caroline Foster
6. *Mother's Maiden Name* Caroline Foster
7. *Mother's Birthplace* Dorchester Co.
8. *Full Name of Father* Sargent Foster
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* George town Demarara.

Name of Medical Attendant, or other Person who makes this Return. Sarah Slyle.

Address 247 Orleans st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

93145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	—
3. Date of Birth	February 6th 1876.
4. Place of Birth (Street and Number)	92 Barre St.
5. Full Name of Mother	Mattie Beirbower.
6. Mother's Maiden Name	" Hamilton.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Chas. E. Beirbower.
9. Father's Occupation	Dentist.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D. 15-8. S. Sharp, M.
Address	
Remarks	Child living & Healthy.

9.3116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	[redacted] Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 6th 1876
4. Place of Birth (Street and Number)	14 Portland Pl
5. Full Name of Mother	Emma Otterdorf
6. Mother's Maiden Name	" Steinmeyer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Albert Otterdorf
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Mecum (Mrs.)
Address	214 Preston
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 ths

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb. 6th 1876
4. *Place of Birth* (Street and Number) Bethel Strett
5. *Full Name of Mother* Elisabetha (Hobbe)
6. *Mother's Maiden Name* Elisabetha Pammer
7. *Mother's Birthplace* Kenach. Hessen
8. *Full Name of Father* Herrmann Hobbe
9. *Father's Occupation* Cack Kopper
10. *Father's Birthplace* Hofgeismar Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs L. Brendel

Address No. 20 f South Bond Str

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9.345

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 6. 1876
4. Place of Birth (Street and Number)	45 Albemarle St.
5. Full Name of Mother	Emily Fonitz.
6. Mother's Maiden Name	Emily Bartholomew,
7. Mother's Birthplace	New York.
8. Full Name of Father	Gustave Fonitz.
9. Father's Occupation	Printer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hoeck M.D.
Address	95 E. Baltimore St.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9349

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth February 2nd 1876

4. Place of Birth (Street and Number) 1 Richard Lane rear

5. Full Name of Mother Sarah Crawford

6. Mother's Maiden Name Sarah Scott

7. Mother's Birthplace Virginia

8. Full Name of Father John Lawrence

9. Father's Occupation Butcher

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Wagner

Address No 132 E Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9350

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Blk.
3. *Date of Birth* February 6th 1876
4. *Place of Birth* (*Street and Number*) No 173 Eastend Ave
5. *Full Name of Mother* Francis Ranson
6. *Mother's Maiden Name* Francis Fuchs
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Ranson
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Meyer

Address No 152 E. Monument

Remarks

RETURN OF A BIRTH.

9351

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 6th 1876
4. Place of Birth (Street and Number)	N. E. Cor Saratoga & Eutaw
5. Full Name of Mother	Rosa. Gunn.
6. Mother's Maiden Name	Rose Hay
7. Mother's Birthplace	New York City
8. Full Name of Father	Jas Gunn
9. Father's Occupation	Family Grocer
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	A M Saylor M D
Address	243 Lexington St
Remarks	

vent Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 6th 1876
4. Place of Birth (Street and Number)	No 88 S Amm st.
5. Full Name of Mother	Mary Steinberger
6. Mother's Maiden Name	" Bauer
7. Mother's Birthplace	New York city
8. Full Name of Father	William Steinberger
9. Father's Occupation	Peddar
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	Still Birth

RETURN OF A BIRTH.

9353

HEALTH DEPARTMENT
FEB
1976
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6th 1876
4. Place of Birth (Street and Number)	1606 Eden St
5. Full Name of Mother	Kate Shafer
6. Mother's Maiden Name	Kate Thomas
7. Mother's Birthplace	Near Darmstadt Germany
8. Full Name of Father	John Shafer
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	John Gilbreath M.D.
Address	208 W. Lombard St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 children

1. Sex (state whether Male or Female) last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth born the 6th of February 1876

4. Place of Birth (Street and Number) 76 North west Maccallary st

5. Full Name of Mother Emilea z Shveder

6. Mother's Maiden Name Emilea Krebs

7. Mother's Birthplace Germany

8. Full Name of Father Konrad Krebs

9. Father's Occupation Tyhes

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Essentia Kunkel

Address 71 North chappel st Dr John Kunkel

Remarks Healty

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 6th 1876
4. Place of Birth (Street and Number)	No 12 North Exeter St
5. Full Name of Mother	Margaret Howard
6. Mother's Maiden Name	Margaret Hard
7. Mother's Birthplace	England
8. Full Name of Father	John Thomas Howard
9. Father's Occupation	Pressman Sun office
10. Father's Birthplace	Baltimore City Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rice No 40 East Fayett St
Address	J T Howard No 12 N Exeter St
Remarks	

9356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1816
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* mal
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Richer court No 10
4. *Place of Birth (Street and Number)* Febuay 6 1876
5. *Full Name of Mother* Mary Williams
6. *Mother's Maiden Name* Mary Lankford
7. *Mother's Birthplace* Somerset county Maryland
8. *Full Name of Father* Hunton Lankford
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Somerset county Maryland

Name of Medical Attendant, or other Person who makes this Return. Maria Potter Midwife

Address 111 Hughes street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 6th 1876
4. Place of Birth (Street and Number)	242 N. Central Av
5. Full Name of Mother	Babia Freidel
6. Mother's Maiden Name	Kleim
7. Mother's Birthplace	Germany
8. Full Name of Father	Franz Freidel
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Christina Saur
Address	173 Harford Av
Remarks	Child born Healthy

9355

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 6th 1876
4. *Place of Birth* (Street and Number) 43 Constitution St
5. *Full Name of Mother* Norah Connelly
6. *Mother's Maiden Name* " McCahey
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Connelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chevrier

Address 129 E Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9959

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 6th 1876
4. *Place of Birth (Street and Number)* 22 Hartford Ave
5. *Full Name of Mother* Mary Ward
6. *Mother's Maiden Name* Finnan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Ward
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrismer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9360

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Third~~ Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 6th 1876
4. Place of Birth (Street and Number)	No 166 German Street
5. Full Name of Mother	Jennie Thorner
6. Mother's Maiden Name	Jennie Hirsch
7. Mother's Birthplace	Germany
8. Full Name of Father	Isaac Thorner
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address	88 N Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9361

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 6 of Februar
4. *Place of Birth (Street and Number)* Lorrenzstr. Hof No 466
5. *Full Name of Mother* Katharina Müller
6. *Mother's Maiden Name* Katharina Lintz
7. *Mother's Birthplace* Müllheim
8. *Full Name of Father* Martin Müller
9. *Father's Occupation* Küfer
10. *Father's Birthplace* Lintz

Name of Medical Attendant, or other Person who makes this Return. Wurlburger Müller

Address Sterling St No 165.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Feb 2d 1876

4. *Place of Birth* (Street and Number) 108 N. Lombard St

5. *Full Name of Mother* Mary Burton

6. *Mother's Maiden Name* Riley

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Francis Burton

9. *Father's Occupation* Street Supervisor B. C. & R.

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. Benson 414 Hanover St

Address City

Remarks Double Hare Lip. Bad Case

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

J. 3663

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) fourth

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* February 6th 1876
4. *Place of Birth* (*Street and Number*) 52 Holland
5. *Full Name of Mother* Louisa Alexine Kenly
6. *Mother's Maiden Name* " " Stuart
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Oliver Gallops Kenly
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Harford County md.

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschner M.D.

Address 27 N. Broadway.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH FEB 13 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 6 1896
4. Place of Birth (Street and Number)	No 219 Canton Ave
5. Full Name of Mother	Katie Schramm
6. Mother's Maiden Name	" Kramer
7. Mother's Birthplace	City
8. Full Name of Father	Henry Schramm
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Miss E Buschmann
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

9365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 6th 1916

4. Place of Birth (Street and Number) No. 27 Rush St.

5. Full Name of Mother Maggie L. Lawson

6. Mother's Maiden Name Maggie Steinmann

7. Mother's Birthplace Baltimore City

8. Full Name of Father B. Lincoln Lawson

9. Father's Occupation —

10. Father's Birthplace Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. M. J. Gatz

Address 2444 Boston St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1915
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* February 7
4. *Place of Birth* (Street and Number) 22 Thames St
5. *Full Name of Mother* Barbara Schlenk
6. *Mother's Maiden Name* " Dreinzer
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* John Schlenk
9. *Father's Occupation* Label
10. *Father's Birthplace* Bayern

Name of Medical Attendant, or other Person who makes this Return. Regina Hindlage

Address No 289 S Bond St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9367

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth February 14. 1876

4. Place of Birth (Street and Number) 1 1/2 Alley East of Eutaw St

5. Full Name of Mother Emma Virginia Dorsey

6. Mother's Maiden Name Emma V. Dorsey

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Stephen Dorsey

9. Father's Occupation Wagon Painter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm C. Miller

Address 45 Holland Street.

Remarks

9368

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 a

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Feb 1 1876

4. Place of Birth (Street and Number) 116 Pine Alley

5. Full Name of Mother Sophia Walter

6. Mother's Maiden Name Sophia Hummel

7. Mother's Birthplace German

8. Full Name of Father Adam Walter

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Krume

Address 114 Bailey Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 9th February 1876.

4. Place of Birth (Street and Number) 329 E. Fourth St.

5. Full Name of Mother Lillie | Hilton

6. Mother's Maiden Name Lillie Bingen.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father John Augustus Hilton.

9. Father's Occupation Actor Clerk.

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Bissell

Address 207 N. Broadway.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 7th 1876.
4. *Place of Birth* (Street and Number) Orleans St. No 346
5. *Full Name of Mother* Katharina Wagner
6. *Mother's Maiden Name* Katharina Lempmann
7. *Mother's Birthplace* Walldorf b Wurtemberg Germany
8. *Full Name of Father* Heymann Wagner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Homberg Pr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. - No 26

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2371

DEPARTMENT OF HEALTH FEB 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 7th
4. Place of Birth (Street and Number)	197 West St.
5. Full Name of Mother	Mary Keiz
6. Mother's Maiden Name	Kohler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John G Keiz
9. Father's Occupation	Black Smith
10. Father's Birthplace	New Orleans
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	328 South Eutaw St
Remarks	

RETURN OF A BIRTH.

9312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 9. 1876.
4. Place of Birth (Street and Number)	44 Spring Row.
5. Full Name of Mother	Jane Daskill,
6. Mother's Maiden Name	Jane Halbrook.
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Oscar Daskill,
9. Father's Occupation	Bookeeper.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hanck M.D.
Address	95 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE.

9373

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 7th February 1876.
4. *Place of Birth* (Street and Number) No. 40. Lee St.
5. *Full Name of Mother* Jenny Slayen.
6. *Mother's Maiden Name* Jenny Tally.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Slayen.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner

Address No 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

93711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Whit
3. *Date of Birth* February 9th 1876
4. *Place of Birth (Street and Number)* No 189 Caroline st
5. *Full Name of Mother* Emma Pratt
6. *Mother's Maiden Name* Emma Lyons
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Taylor Pratt
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Horace H Negest

Address No 151 E. Monument st.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Third

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth February 7th

4. Place of Birth (Street and Number) No 420 E. Eager st.

5. Full Name of Mother Maria Theresa Müller

6. Mother's Maiden Name Barbacher

7. Mother's Birthplace Balto City

8. Full Name of Father Emil Müller

9. Father's Occupation Merchant

10. Father's Birthplace Mannheim Baden, Germany

Name of Medical Attendant, or other Person who makes this Return. C. J. Kleiber M. D.

Address No. 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9276

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1876
4. *Place of Birth (Street and Number)* 261 N Bond St
5. *Full Name of Mother* Isabella S. Lynch
6. *Mother's Maiden Name* Isabella S. Penis.
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John Lynch
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 53 N Paca St Balto

Remarks Natural Labor

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 children
1. Sex (state whether Male or Female)	last a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th of February 1876
4. Place of Birth (Street and Number)	293 North Orleans st
5. Full Name of Mother	Mary Egelson
6. Mother's Maiden Name	Mary Newcork
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Newcork
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cresentia Kunkel
Address	North Chappel st for John Kunkel
Remarks	Healty

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9378

HEALTH DEPARTMENT
FEB
10
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 children

1. *Sex* (state whether Male or Female) last a boy
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* 7th February 1876
4. *Place of Birth* (Street and Number) 66 North Durham st
5. *Full Name of Mother* Henritta Hudson
6. *Mother's Maiden Name* Henritta Hall
7. *Mother's Birthplace* Delaware North Carolina
8. *Full Name of Father* Marci Hall
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chapel St by John Kunkel

Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Keep Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 7th 1876.
4. *Place of Birth (Street and Number)* No 5 Bradford Alley.
5. *Full Name of Mother* Emilia Rose
6. *Mother's Maiden Name* Emilia Hoffmann.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Ed Rose
9. *Father's Occupation* Colored
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arnold.

Address No 137 S Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth February 1876

4. Place of Birth (Street and Number) 8 pleasant alley

5. Full Name of Mother Catherine ~~[illegible]~~ cooney

6. Mother's Maiden Name Catherine dearlan

7. Mother's Birthplace ireland

8. Full Name of Father coleman cooney

9. Father's Occupation laborer

10. Father's Birthplace ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel anne garrett

Address 432 Aliceanna st

Remarks

RETURN OF A BIRTH.

2381

HEALTH DEPARTMENT
FEB
8
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth Feby 1st 1876

4. Place of Birth (Street and Number) 123 Gittler St.

5. Full Name of Mother Catherine E. Bruelin

6. Mother's Maiden Name " " Shearn

7. Mother's Birthplace Baltimore

8. Full Name of Father John M Bruelin

9. Father's Occupation Diver Adams & Prof

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Siegert Shertzer MD

Address 1172 Baltimore St

Remarks

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 7th 1876
4. Place of Birth (Street and Number)	152 East Pl
5. Full Name of Mother	Jennie Storck
6. Mother's Maiden Name	" " Barth
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Geo Storck
9. Father's Occupation	Turning & Sawing Mill
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1 E Eutaw pl
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

Race or Color (if not of the white race) White

Date of Birth February 9th 1876

Place of Birth (Street and Number) No 58 Hanover St

Full Name of Mother Mary A Mills

Mother's Maiden Name E A Osborn

7. *Mother's Birthplace* Balto

8. *Full Name of Father* John R Mills

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr C & Lewis

Address 162 S Hanover St

Remarks

Form, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 7th 1875
4. *Place of Birth (Street and Number)* No 176 Madeira alley
5. *Full Name of Mother* Maggie Rau
6. *Mother's Maiden Name* " Bicher
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Rau
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9385

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 8th 1876

4. Place of Birth (Street and Number) No 6 Fremont Street near Fulton

5. Full Name of Mother Sidney Virginia Booker

6. Mother's Maiden Name Sidney Virginia Hargrove

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas L Booker

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. F. F. McManus

Address 71. Franklin St

Remarks Still born — full time

RETURN OF A BIRTH.

9386

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb 8 1876
4. Place of Birth (Street and Number)	Welcome Alley No.
5. Full Name of Mother	Amelia Conrad
6. Mother's Maiden Name	Amelia Frye
7. Mother's Birthplace	James E. Frye
8. Full Name of Father	" "
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Richmond
Address	188 Lee. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9387

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary 8th
4. Place of Birth (Street and Number)	Baltimore York st. No. 70
5. Full Name of Mother	Lizzie Renelz
6. Mother's Maiden Name	" Barney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Renelz
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarbrough
Address	No 202 S. Charles street
Remarks	

Feet Records of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 8
4. *Place of Birth (Street and Number)* 57 E Canton Av
5. *Full Name of Mother* Sophie Hustedt
6. *Mother's Maiden Name* " Knobel
7. *Mother's Birthplace* Hessen Kassel
8. *Full Name of Father* Henry Hustedt
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address c/o 289 S. Bond St

Remarks

9389

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 16 day of Feb 1876

4. Place of Birth (Street and Number) High Street No 2

5. Full Name of Mother Mary Tunkman

6. Mother's Maiden Name " Tunkman

7. Mother's Birthplace Germany Europe

8. Full Name of Father John H Tunkman

9. Father's Occupation Tinner Trade

10. Father's Birthplace Germany Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Tunkman

Address 1 Welland Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9390

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Femal

2. Race or Color (if not of the white race)

3. Date of Birth Feb. 8d

4. Place of Birth (Street and Number) Fredrick ave No 40,

5. Full Name of Mother Leizze Dotterweich,

6. Mother's Maiden Name " Fisher,

7. Mother's Birthplace Baeiern

8. Full Name of Father Sebastien Dotterweich

9. Father's Occupation Cooper

10. Father's Birthplace Baeiern

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 8th of Febery 1876.
4. *Place of Birth (Street and Number)* No. 32 Union st.
5. *Full Name of Mother* Emilea Leager
6. *Mother's Maiden Name* Emilea Baetter,
7. *Mother's Birthplace* in Germeny
8. *Full Name of Father* Herman Leager,
9. *Father's Occupation* a Cabpnert,
10. *Father's Birthplace* in Germeny

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldingen

Address No 14 Union st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st February 1876
4. *Place of Birth (Street and Number)* 137 Lee St
5. *Full Name of Mother* Katherine Lembeck
6. *Mother's Maiden Name* Kupfer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Julius Lembeck
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpenter

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	4 February
4. Place of Birth (Street and Number)	1 Abbott St
5. Full Name of Mother	Ellen Kelly
6. Mother's Maiden Name	Quaatii
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Kelly
9. Father's Occupation	Grocer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Saith Cooper
Address	52 Lombard St.
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 8th 1878
4. Place of Birth (Street and Number) No 200 Warner Street
5. Full Name of Mother Rebecca Miller
6. Mother's Maiden Name Rebecca Parron
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Samuel Miller
9. Father's Occupation Works in Brick Yard
10. Father's Birthplace West Virginia

Name of ~~Medical Attendant~~ or other Person who makes this Return. Emily Hughes

Address No 230 West street Baltimore Md

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9.395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 8 Febuary
4. *Place of Birth* (Street and Number) No 5 Central Ave
5. *Full Name of Mother* Louisa Plitt
6. *Mother's Maiden Name* Louisa Warnsman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick Plitt
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 2d 1876
4. Place of Birth (Street and Number)	Baltimore Ramsey near Ann
5. Full Name of Mother	Annie Falys
6. Mother's Maiden Name	" McKeown
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Falys
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parkin st
Remarks	1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics, City of Baltimore.

RETURN OF A BIRTH.

9397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 5th

4. Place of Birth (Stree and Number) 107 E. Cross st

5. Full Name of Mother Carlina Lulkoi

6. Mother's Maiden Name Carlina Myer

7. Mother's Birthplace Germany

8. Full Name of Father August Walker

9. Father's Occupation Blacksmith

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. C. Kulbok

Address 107 E. Cross st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9398

HEALTH DEPARTMENT
FEB
10
1976
BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Feb. 8th 1876.

4. Place of Birth (Street and Number) Hanover Street 421.

5. Full Name of Mother Anna Becker

6. Mother's Maiden Name Anna Rehling

7. Mother's Birthplace Baltimore County Md.

8. Full Name of Father John Becker

9. Father's Occupation Laborer

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Dorothea Breune.

Address 114 Battery Ave

Remarks

ect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9399

HEALTH DEPARTMENT
FEB
10
1976
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 8
4. Place of Birth (Street and Number)	233 West Lanvale St
5. Full Name of Mother	Sophia Louder King
6. Mother's Maiden Name	Steig
7. Mother's Birthplace	York
8. Full Name of Father	Phillip Louder King
9. Father's Occupation	Tobacco
10. Father's Birthplace	Fair Haven.
Name of Medical Attendant, or other Person who makes this Return.	Mary Kreis
Address	328 South Bulow St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics Law of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
FEB
1876
BALTIMOR

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 8 1876
4. Place of Birth (Street and Number)	35 Parkin st.
5. Full Name of Mother	Emily Rebecca Pitchard
6. Mother's Maiden Name	Emily R. Coats,
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H. Pitchard
9. Father's Occupation	Printer
10. Father's Birthplace	Augusta Ga.
Name of Medical Attendant, or other Person who makes this Return.	Susan E. Armstrong
Address	141 South Howard St
Remarks	Physical condition — Perfect.

9401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 5th of Feb. 1876.
4. *Place of Birth (Street and Number)* No 8 Calverton Road Balto.
5. *Full Name of Mother* Maggie March
6. *Mother's Maiden Name* M. Hart
7. *Mother's Birthplace* born in Baden Germany
8. *Full Name of Father* John P. D. L. March
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Balto.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9402

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	8. Februara 1876.
4. Place of Birth (Street and Number)	48 Dirsty ally.
5. Full Name of Mother	Mary Houck.
6. Mother's Maiden Name	Mary Acker.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jessie Houck.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner
Address	No. 29. Elezabeth Lane.
Remarks	

Act of Assembly relating to Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9403

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 8th 1876
4. Place of Birth (Street and Number)	162 East Fayette st
5. Full Name of Mother	Minnie Müller
6. Mother's Maiden Name	Müller
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Müller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudiger
Address	1314 E. Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9404

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 5th 1876.
4. Place of Birth (Street and Number)	113 Hillen St.
5. Full Name of Mother	Martha Dornberger
6. Mother's Maiden Name	" Kolberg
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Dornberger
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. Rudiger
Address	134 N. Bond St.
Remarks	

RETURN OF A BIRTH.

9405

(To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Feb 5th 1876

4. *Place of Birth (Street and Number)* 21 Ostend

5. *Full Name of Mother* Mary Fetterman

6. *Mother's Maiden Name* Mary Eutz

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Fetterman

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Thomas M.D.

Address 60 Ostend & Point

Remarks -

Vital Records of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 8
4. Place of Birth (Street and Number)	No 130 Ramsay St
5. Full Name of Mother	Ann Lawles
6. Mother's Maiden Name	Ann McFadden
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Patrick Lawles
9. Father's Occupation	Labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Cathrin Mitchel 58 Parker St
Address	
Remarks	6 m Chitch

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9407

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 1

(state whether Male or Female) Female

or Color (if not of the white race) Colored

of Birth 8 of February 1876

e of Birth (Street and Number) Baltimore Foeden Alley No 14

Name of Mother Mary Neal

er's Maiden Name Mary

er's Birthplace West river

Name of Father Silvia Neal

er's Occupation Water

er's Birthplace

e of Medical Attendant, or other Person who makes this Return. Lucinder Cornish

ress, Rear Alley No 2

arks

RETURN OF A BIRTH.

9408

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	8th of February 1876
4. Place of Birth (Street and Number)	113 N. Spring St.
5. Full Name of Mother	Susan Cehnard.
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	" not known
9. Father's Occupation	" "
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Margaret Cennert
Address	113 N Spring St.
Remarks	

Rec'd March 1st 1876

Record of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91409

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th & 5th
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 9th 1876
4. Place of Birth (Street and Number)	126 Baltm st
5. Full Name of Mother	Ellen Barker
6. Mother's Maiden Name	Ellen Schaeffer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Y Barker
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler MD
Address	135 St Charles st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	February 9th 1876,
4. Place of Birth (Street and Number)	175 Montgomery St,
5. Full Name of Mother	Ordelia Tumblinson,
6. Mother's Maiden Name	" Ehrman,
7. Mother's Birthplace	Balto City,
8. Full Name of Father	Chas W. Tumblinson,
9. Father's Occupation	Dancing Master,
10. Father's Birthplace	Balto. City,
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D,
Address	158 S. Sharp St,
Remarks	Child healthy in appearance,

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 9411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
FEB 4 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 9th of February

4. *Place of Birth (Street and Number)* Eliot St. no number

5. *Full Name of Mother* Mary Woodruff.

6. *Mother's Maiden Name* M. Patrick

7. *Mother's Birthplace* England

8. *Full Name of Father* Burgit Spencer Woodruff

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Fenwick

Address 369 Cathedral St.

Remarks

Feet Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8. Child

1. *Sex (state whether Male or Female)* Fenal
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8. of Februar
4. *Place of Birth (Street and Number)* Baker St No 211
5. *Full Name of Mother* Rosa Jerrimer Rink
6. *Mother's Maiden Name* Rosa Jerrimer Steinmetz
7. *Mother's Birthplace* geboren in Leopoldsburg Kurhessen
8. *Full Name of Father* Karl Rink
9. *Father's Occupation* Zigarrenmacher
10. *Father's Birthplace* geboren in Hirschhorn Hessen

Name of Medical Attendant, or other Person who makes this Return. Wilhelmine Miller

Address Sterling St No 165.

Remarks

RETURN OF A BIRTH.

9113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 9th February 1876.

4. Place of Birth (Street and Number) 275 E. Pratt St.

5. Full Name of Mother Ellen Mar Frey.

6. Mother's Maiden Name Ellen Mar Hallen.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Capt. John Edward Frey.

9. Father's Occupation Mariner.

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Ferdinand L. Dashiell

Address 207 S. Broadway

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 9th 1876
4. Place of Birth (Street and Number)	Baltimore Calender Al. 11 No.
5. Full Name of Mother	Sarah. Young
6. Mother's Maiden Name	Sarah. Young
7. Mother's Birthplace	Monguney County
8. Full Name of Father	William Young
9. Father's Occupation	Laborer
10. Father's Birthplace	Monguney County
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parker st.
Remarks	

RETURN OF A BIRTH.

9115

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 9 1876
4. Place of Birth (Street and Number)	247 South Chapel St
5. Full Name of Mother	Alice M Elwee
6. Mother's Maiden Name	Alice Worthington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles M Elwee
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Chester St
Remarks	Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9416

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Feb 9th 1876
4. Place of Birth (Street and Number)	57 Carlton Alley
5. Full Name of Mother	Sarah Meaidens
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Balto.
8. Full Name of Father	John Robinson
9. Father's Occupation	Oyster Huckster
10. Father's Birthplace	Anne A'Rundel Co.
Name of Medical Attendant, or other Person who makes this Return.	H. N. Shultz
Address	No 11 S. Arlington Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

9417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OFFICE
FEB
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Born Feb the 9th 1876
4. *Place of Birth* (Street and Number) Baltimore City No 11 6 Cider Alley
5. *Full Name of Mother* Elizabeth ~~Harty~~ Cheany
6. *Mother's Maiden Name* Elizebeth Hartie
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Chaney
9. *Father's Occupation* Brick Mason and Oyster Schucker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherine Lazzer

Address 217 Dover St Baltimore City

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPAR
FEB
14
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 9th 1876
4. *Place of Birth (Street and Number)* S. Bond St. No. 86.
5. *Full Name of Mother* Nelly Cohagen
6. *Mother's Maiden Name* Nelly Mooney
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Newton Cohagen
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1511

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 9. Febry
4. *Place of Birth* (Street and Number) No 16th Stemmer - ville
5. *Full Name of Mother* Eliza Moran
6. *Mother's Maiden Name* Eliza Crockon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michal Crocon
9. *Father's Occupation* labor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Eliza Flemmy

Address No 97 Albmarle - st

Remarks healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Records of Vital Statistics

RETURN OF A BIRTH.

9429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Thrn

1. Sex (*state whether Male or ~~Female~~*)

2. Race or Color (*if not of the white race*) White

3. Date of Birth Feb 9th 1876

4. Place of Birth (*Street and Number*) 120 S. Poppleton

5. Full Name of Mother Louisa Lealdue

6. Mother's Maiden Name " Wells

7. Mother's Birthplace Balto Md.

8. Full Name of Father Martin League

9. Father's Occupation Mechanic

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Reed M.D.

Address 379 W. Lombard St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 11 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 9. 1876

4. Place of Birth (Street and Number) 432 W. Fayette St.

5. Full Name of Mother Kate E. Hill

6. Mother's Maiden Name Kate E. Russell

7. Mother's Birthplace Baltimore City

8. Full Name of Father J. Shelton Hill

9. Father's Occupation Physician

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. Shelton Hill M. D.

Address 432 W. Fayette St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb. 9 - 1876
4. *Place of Birth* (Street and Number)	Cumberland & Mount Sts.
5. *Full Name of Mother*	Mary Jane McCauley
6. *Mother's Maiden Name*	Johnson
7. *Mother's Birthplace*	Howard Co. Md.
8. *Full Name of Father*	John Brush McCauley
9 *Father's Occupation*	Machinist
10. *Father's Birthplace*	Howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	William H. Thomas M.D.
Address	S.E. Cor. Patterson Ave. & Stricker St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date & birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th February 1876
4. *Place of Birth (Street and Number)* 38 E Eager St
5. *Full Name of Mother* Bridget Galagen
6. *Mother's Maiden Name* Calden
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Arthur Galagen
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Shiah Cooper

Address 57 E Eager St

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9 11 24

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 9th 1916.
4. Place of Birth (Street and Number)	88½ N. Howard St.
5. Full Name of Mother	Louisa Zimmerman
6. Mother's Maiden Name	Kast
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Zimmerman
9. Father's Occupation	Cabinet Maker.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudiger.
Address	134 N. Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9425

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 9th 1876.
4. Place of Birth (Street and Number)	# 47 Druid Hill Avenue.
5. Full Name of Mother	Kate M. Carter.
6. Mother's Maiden Name	Side.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Jerome F. Carter.
9. Father's Occupation	Artist.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Knight M.D.
Address	112 N. Greene St.
Remarks	

Rules and Regulations for the Registration of Births and Deaths in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* Feb 9th '76

4. *Place of Birth* (Street and Number) 289 W Hoffman

5. *Full Name of Mother* Mary Francis Watkins

6. *Mother's Maiden Name* Mary Frances Gilden

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jno. J. Watkins

9. *Father's Occupation* Blacksmith, conductor on street car

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 180 Linden Ave

Remarks L. O. a. 9 mos after marriage

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 9th 1876
4. Place of Birth (Street and Number)	210 Lexington Street
5. Full Name of Mother	Wilhelmina Schwarz
6. Mother's Maiden Name	W. Temme
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Gustavus A. Schwarz
9. Father's Occupation	Barber
10. Father's Birthplace	Wurtenberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wernet
Address	56 Teal Stret
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9128

HEALTH DEPARTMENT
FEB 17 1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 9th. 1876.
4. Place of Birth (Street and Number)	172 Marlberry st.
5. Full Name of Mother	Louisa Fleckmann
6. Mother's Maiden Name	L. Schnathers
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Wm. Fleckmann
9. Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Pearl Street
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

6th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male ~~or Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 9th 1876
4. Place of Birth (Street and Number)	242 Argyle Ave
5. Full Name of Mother	Susanna Mebideth
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Petersburg Va
8. Full Name of Father	Wm H J Merideth
9. Father's Occupation	Clerk
10. Father's Birthplace	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	J McKenney
Address	76 Pacca st
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9430

HEALTH REPORTS FEB 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 9th 1876
4. *Place of Birth* (Street and Number) 119 E. Pattimore St
5. *Full Name of Mother* Marietta Hull Slade Fooke!
6. *Mother's Maiden Name* Marietta Hull Slade
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm. Ferdinand Fooke
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Williams, M.D.

Address 71. Franklin St

Remarks Child perfect in formation and healthy.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	Feby 9 1876
4. Place of Birth (Street and Number)	13½ N. Calvert st
5. Full Name of Mother	Mary R Taylor
6. Mother's Maiden Name	" R Blondell
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John M. Taylor
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	S H Patterson M D
Address	23 Franklin st Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

911.32

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* February 10th 1876
4. *Place of Birth* (Street and Number) 67 Beasley st.
5. *Full Name of Mother* Jennie Nash
6. *Mother's Maiden Name* Murray
7. *Mother's Birthplace* Baltimore County Maryland
8. *Full Name of Father* Philip Porter Nash
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Pierre P. Dausch M.D.

Address 27 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11133

HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* February 15th 1876
4. *Place of Birth* (Street and Number) N 12 Wine Street
5. *Full Name of Mother* Anna Elizabeth Smith
6. *Mother's Maiden Name* Anna Elizabeth Cook
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Smith
9. *Father's Occupation* Waggoner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr Hester Bodley Doctress

Address No. 89 Orchard Street

Remarks

RETURN OF A BIRTH.

91131

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 10. 1876
4. Place of Birth (Street and Number)	Chew St 2.16
5. Full Name of Mother	Louisa E Claridge
6. Mother's Maiden Name	Louisa E Houston
7. Mother's Birthplace	State of Maine
8. Full Name of Father	William H Claridge
9. Father's Occupation	Clerk
10. Father's Birthplace	State of Maine
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine 327
Address	East Monument
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

91136
HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* February 10th 1876
4. *Place of Birth* (Street and Number) No 13 Sterling St
5. *Full Name of Mother* Mary Elizabeth Williams
6. *Mother's Maiden Name* " Gamer
7. *Mother's Birthplace* Port Tobacco Md.
8. *Full Name of Father* Thomas Daniel Williams
9. *Father's Occupation* Grain Measurer
10. *Father's Birthplace* Head Middle River Neck Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ursula P. Christmer

Address 129 E Monument St

Remarks

RETURN OF A BIRTH.

9136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb 10th 1876
4. *Place of Birth (Street and Number)* No 19 Duncan st or Alley
5. *Full Name of Mother* Laura V. Blake
6. *Mother's Maiden Name* Laura V. Blake
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Steven H. Giles
9. *Father's Occupation* Soaper
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return John H. Conner

Address 286 E. Pratt ~~Balt~~

Remarks Instrumental Labor with forceps

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics Ordinance.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	10 Feb 1876
4. Place of Birth (Street and Number)	35 S. Regester St.
5. Full Name of Mother	Philipine Schedel
6. Mother's Maiden Name	" Zwisler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schedel
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E Fath St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9438

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 10th 1877
4. Place of Birth (Street and Number)	Baltimore Parkhurst 90 N.
5. Full Name of Mother	Margret Wadsey
6. Mother's Maiden Name	Laurent
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wadsey
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 8 8 Parkhurst
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

94139

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex* (state whether Male or Female) Meale
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 10 of Febery 1876.
4. *Place of Birth* (Street and Number) No 4.94 Penn Avene,
5. *Full Name of Mother* Cate ~~Essenwine~~ Heenclers
6. *Mother's Maiden Name* Cate Essenwine,
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Mathis Heenders.
9. *Father's Occupation* a Bucher,
10. *Father's Birthplace* in Gerneny

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsbinger

Address No 14 Minor st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9.11.10

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 10th 1916
4. Place of Birth (Street and Number)	Baltimore Bartlett st No. 18
5. Full Name of Mother	Alvertia Snider
6. Mother's Maiden Name	" Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Snider
9. Father's Occupation	Laborer
10. Father's Birthplace	Gamany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 5 S Parkin st
Remarks	

RETURN OF A BIRTH.

91111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 10/76
4. Place of Birth (Street and Number)	#47 S. Castle St
5. Full Name of Mother	Catherine Lienhart
6. Mother's Maiden Name	Catherine Ballentelt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Phillip Lienhart
9. Father's Occupation	Carpenter
10. Father's Birthplace	Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lederer
Address	#23 S. Durham St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

9412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. *Sex (state whether Male or Female)* Female healthe

2. *Race or Color (if not of the white race)* whit

3. *Date of Birth* born on the 10th of Feb. 1876

4. *Place of Birth (Street and Number)* No 53 Frederick Avenue

5. *Full Name of Mother* Meta Boeckel

6. *Mother's Maiden Name* Meta Dryer

7. *Mother's Birthplace* born in the City of Baltimore

8. *Full Name of Father* Ch. L. F. Boeckel

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millar

Address No 57 Smallwood St. Balto.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	German
3. Date of Birth	Feb. 10th 1876
4. Place of Birth (Street and Number)	N. W. Corner Carey St & Pattenson Ave.
5. Full Name of Mother	Wilhalmine Smith
6. Mother's Maiden Name	Wilhalmine Straus
7. Mother's Birthplace	Brevarian Germany
8. Full Name of Father	Louis Smith
9. Father's Occupation	Grocer
10. Father's Birthplace	Hassen Germany
Name of Medical Attendant, or other Person who makes this Return.	L. G. Spanow M.D.
Address	N. Carey St - No 428
Remarks	Child Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th February 1876
4. Place of Birth (Street and Number)	235 Montgomery st
5. Full Name of Mother	Mahala Mullen
6. Mother's Maiden Name	Mahala Aydelotte
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Mullen
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Webster M.D.
Address	57 Saint
Remarks	

RETURN OF A BIRTH.

9115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* Colored —
3. *Date of Birth* Feb'y 10 - 1876 —
4. *Place of Birth (Street and Number)* 336 N. Howard St —
5. *Full Name of Mother* Annie Johnston
6. *Mother's Maiden Name* Annie Murray —
7. *Mother's Birthplace* ~~Balt~~ Queen Anne's Co
8. *Full Name of Father* John Johnston
9. *Father's Occupation* ~~Driver~~ —
10. *Father's Birthplace* Virginia —

Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M. D.

Address 290 Madison ave —

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalties of the City of Baltimore.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

9446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
11
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 11th 1876

4. Place of Birth (Street and Number) 511 Pine St.

5. Full Name of Mother Ann Jane

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Nathaniel

9. Father's Occupation Grocer

10. Father's Birthplace Md. Kent Co.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address Co. Street Pa.

Remarks

Peel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Febuary 10th 1876
4. Place of Birth (Street and Number) No 3 Clarkson Alley
5. Full Name of Mother Indiana Barney
6. Mother's Maiden Name Indiana Maryat
7. Mother's Birthplace Eastern Shore Maryland
8. Full Name of Father Samuel Barney
9. Father's Occupation Shucks Oysters
10. Father's Birthplace Calvert Co Maryland

Name of ~~Medical Attendant~~, or other Person who makes this Return. Emily Hughes

Address No 230 West street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9548

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 10th 1876
4. Place of Birth (Street and Number)	No 55 Paulton St.
5. Full Name of Mother	Barbara Damm
6. Mother's Maiden Name	Barbara Krieger
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Damm
9. Father's Occupation	Butcher
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm H. Bull
Address	No 203 Monument St. & Cor Central Ave and Baltimore
Remarks	Both well

RETURN OF A BIRTH.

9449

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 10th 1876
4. Place of Birth (Street and Number)	No 37 S[outh] Regester St
5. Full Name of Mother	Maggie Schriefer
6. Mother's Maiden Name	" Leinhard
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schriefer
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	121 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91150

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (state whether Male or Female) Männlich
2. *Race or Color* (if not of the white race) Weiss
3. *Date of Birth* 10 February
4. *Place of Birth* (Street and Number) 164 Lemberg Street
5. *Full Name of Mother* Elisa Krug
6. *Mother's Maiden Name* Elisa Groff
7. *Mother's Birthplace* Lothringen
8. *Full Name of Father* Ludwig Krug
9. *Father's Occupation* ~~Landsknecht~~ Schneider
10. *Father's Birthplace* Landsknecht

Name of Medical Attendant, or other Person who makes this Return. Sal Sprenger (Hebamme)

Address 74 Lemberg Street

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91151

HEALTH DEPARTMENT FEB 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex* (state whether Male or Female) Weibliches
2. *Race or Color* (if not of the white race) Weiss
3. *Date of Birth* 10 Februar
4. *Place of Birth* (Street and Number) 357 Pratt Strasse
5. *Full Name of Mother* Minna A. Schubert
6. *Mother's Maiden Name* Ide Erbstein
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Friedrich Schubert
9. *Father's Occupation* Tagelohner Maschine
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Lutz Minna Wittig

Address 74 Lardenfel Strasse

Remarks

RETURN OF A BIRTH.

9452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE BOARD OF HEALTH
FEB 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* February 10th 1876
4. *Place of Birth* (Street and Number) No 247 Aliceanna st
5. *Full Name of Mother* Henrietta Harrer
6. *Mother's Maiden Name* " Feldt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Godfry Harrer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee! Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9453

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st~~, 2d, ~~3d,~~ &c.*)

1. *Sex* (*state whether Male or ~~Female~~*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Feb: 10th 1876
4. *Place of Birth* (*Street and Number*) 177 Lee St:
5. *Full Name of Mother* Hattie K: Stradley
6. *Mother's Maiden Name* Hattie Kettlewell
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* L: P: Stradley
9. *Father's Occupation* Printer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. Griffith M. D.

Address 117 Madison Corner Park Ave:

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9115 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 10th 76.
4. *Place of Birth (Street and Number)* 246 South Eutaw st
5. *Full Name of Mother* Elizabetta Schellenberger
6. *Mother's Maiden Name* or Ehrhart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Schellenberger
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Elsass Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw st

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 2 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 10
4. Place of Birth (Street and Number)	Baltimore No 27 Cambridge st
5. Full Name of Mother	Maggie Melvina Grelly
6. Mother's Maiden Name	Maggie Melvina Wrightson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Grelly
9. Father's Occupation	Mariner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Grilly
Address	No 12 Paterson Park avnue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 10. 1876
4. *Place of Birth (Street and Number)* 634 N Baltimore st
5. *Full Name of Mother* Ellen Martin
6. *Mother's Maiden Name* Ellen Daley
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thomas Martin
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 53 N Paca St

Remarks Still born -

Penalty of Fifty Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT CITY MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Feb. 10. 1876
4. Place of Birth (Street and Number)	Chapel St.
5. Full Name of Mother	Matilda Curtis
6. Mother's Maiden Name	" Johnson
7. Mother's Birthplace	Balt. City
8. Full Name of Father	William Curtis
9. Father's Occupation	Laborer.
10. Father's Birthplace	Balt. County
Name of Medical Attendant, or other Person who makes this Return.	Marburg Brown M.D.
Address	201. N. Biddle St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 10th 1876

4. Place of Birth (Street and Number) 218 Eliz st

5. Full Name of Mother Lucy E. Leach

6. Mother's Maiden Name " " Penn

7. Mother's Birthplace St. Mary's Co. Md

8. Full Name of Father John H. Leach

9. Father's Occupation Coal Dove Officer

10. Father's Birthplace St. Mary Co. Md

Name of Medical Attendant, or other Person who makes this Return. Geo. F. Denson MD
218 Eliz st City

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 10 d 1876
4. Place of Birth (Street and Number)	No 214 Hanover st
5. Full Name of Mother	Anna Arnold
6. Mother's Maiden Name	Smidt
7. Mother's Birthplace	America
8. Full Name of Father	Henry Arnold
9. Father's Occupation	Carpenter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	F. Lohrasser midwife
Address	215 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9116'0

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 11 February
4. *Place of Birth (Street and Number)* 30 Bank st
5. *Full Name of Mother* Mt Sarah Sally
6. *Mother's Maiden Name* Sarah Silder
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Sally
9. *Father's Occupation* moulder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Chapel st N C

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9461

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feb 11th 1876
4. *Place of Birth* (Street and Number)	141 Pierce St
5. *Full Name of Mother*	Elizabeth Schreiner
6. *Mother's Maiden Name*	Faust
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Frederick Schreiner
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenzehl (Midwife)
Address	214 Preston St
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

91-62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Garland
3. Date of Birth	11 February
4. Place of Birth (Street and Number)	36 Chestnut St
5. Full Name of Mother	Elizabeth Smith
6. Mother's Maiden Name	Elizabeth Robison
7. Mother's Birthplace	Virginia
8. Full Name of Father	Richard Smith
9. Father's Occupation	Labor
10. Father's Birthplace	Westminster
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mary Jadom Mid wife cost St No 51

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 9463

HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 11th 1876
4. *Place of Birth* (Street and Number) 16 Wolf St
5. *Full Name of Mother* Sarah Jane Haslup
6. *Mother's Maiden Name* " " Washington
7. *Mother's Birthplace* Liverpool England
8. *Full Name of Father* Leroy P. Haslup
9. *Father's Occupation* Coach Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula P Christmier

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary 11th 1876
4. Place of Birth (Street and Number)	Baltimore Cross No 215
5. Full Name of Mother	Ann ~~Mc~~ Connolly
6. Mother's Maiden Name	Ann Mc Adams
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Connoly
9. Father's Occupation	police officer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth
Address	No 202 S. Charles st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

- 91165

HEALTH DEPARTMENT FEB 15 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 11th 1876
4. Place of Birth (Street and Number)	231 E. Lombard
5. Full Name of Mother	Catharine Schwartz
6. Mother's Maiden Name	Catharine Rutter
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John Paul Schwartz
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. L. Hopkins M.D.
Address	69 S. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9166

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* February 11 1876
4. *Place of Birth* (Street and Number) 14 Little Monument Street
5. *Full Name of Mother*
6. *Mother's Maiden Name* Sandie Hall
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Hall Decease
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hunter & Bartley Doctors

Address 85 Orchard Street

Remarks

RETURN OF A BIRTH.

R 1461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
14
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	11 Feb 1876
4. Place of Birth (Street and Number)	48 Enon St.
5. Full Name of Mother	E. H. Gettemiller
6. Mother's Maiden Name	Nasle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry J. Gettemiller
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E Fifth St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* February 11th

4. *Place of Birth* (Street and Number) No. 219 N. Dallas st.

5. *Full Name of Mother* Mary E. Houlton

6. *Mother's Maiden Name* Clocker

7. *Mother's Birthplace* St. Mary's County. Md.

8. *Full Name of Father* Georg W. Houlton

9. *Father's Occupation* Cooper

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. C. J. Kluber M.D.

Address 222 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

Penalties of Vital Statistics Law of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9469

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	11th Febary
4. Place of Birth (Street and Number)	62 Stemmers Alley
5. Full Name of Mother	Mary Billhanon
6. Mother's Maiden Name	M. XX Feany
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Billhanon
9. Father's Occupation	labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Elyza Flemming
Address	S. W. Albemarle st
Remarks	healthy

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth 11th February 1876

4. Place of Birth (Street and Number) 63 S. Ann St.

5. Full Name of Mother Laura Jane Cooper

6. Mother's Maiden Name Laura Jane Parker

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Capt. John Henry Cooper.

9. Father's Occupation Mariner.

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Purnell

Address 29 S. Broadway.

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9471

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb 11th 8 45 P.M. "Girl"
4. *Place of Birth (Street and Number)* 76 N Ann St
5. *Full Name of Mother* Charlotte Francie Jones
6. *Mother's Maiden Name* Charlotte E Dougherty
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Key Jones
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 299 E Baltimore St.

Remarks

RETURN OF A BIRTH.

9172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11 February
4. *Place of Birth* (Street and Number) No 126 Hisquith Street
5. *Full Name of Mother* Louisa Siehler
6. *Mother's Maiden Name* Louisa Lutz
7. *Mother's Birthplace* Wittenberg
8. *Full Name of Father* Jakab Siehler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of Vital Statistics.

RETURN OF A BIRTH.

9473

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb 11th 1876
4. Place of Birth (Street and Number)	No 4 Mason Alley
5. Full Name of Mother	Anna Cassal
6. Mother's Maiden Name	Anna Bates
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Benjamin Cassal
9. Father's Occupation	Coachman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Caroline Moody
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11th February 1876
4. Place of Birth (Street and Number)	31 Penn St.
5. Full Name of Mother	Wilhelmina Miller
6. Mother's Maiden Name	" Ohler
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Miller
9. Father's Occupation	Porter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Elsper
Address	511 E Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

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RETURN OF A BIRTH.

9475

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* February 11th 1876

4. *Place of Birth* (Street and Number) No 50 E. Pratt st

5. *Full Name of Mother* Anna Lehmayer

6. *Mother's Maiden Name* Anna Bode

7. *Mother's Birthplace* Prussia

8. *Full Name of Father* Adolph Lehmayer

9. *Father's Occupation* Cigars

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry A Mayfield

Address No 5 E Pratt st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9476

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1910 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Colored — Child
3. Date of Birth	Feb 11
4. Place of Birth (Street and Number)	Chird Street 1693
5. Full Name of Mother	Henrietta Ford
6. Mother's Maiden Name	~~Henry~~ ~~Forger~~ ann Coppen
7. Mother's Birthplace	Princesgeorges County
8. Full Name of Father	James Ford
9. Father's Occupation	Work in Coffee Factors
10. Father's Birthplace	Princesgeorges County
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Required Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

V. 9477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 11th 1876
4. Place of Birth (Street and Number)	No 174 Madeira Alley
5. Full Name of Mother	Marie Wilson
6. Mother's Maiden Name	" Ponson
7. Mother's Birthplace	Holland
8. Full Name of Father	Carls Wilson
9. Father's Occupation	Mariner
10. Father's Birthplace	Sweden
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	125 Bank st.
Remarks	

RETURN OF A BIRTH.

9478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 11th 1876

4. Place of Birth (Street and Number) No. 63, Block

5. Full Name of Mother Bridget Lyons

6. Mother's Maiden Name Dolan

7. Mother's Birthplace Baltimore City

8. Full Name of Father Patrick Lyons

9. Father's Occupation ———

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. M. J. Gallagher

Address 2 Hill Block

Remarks

Vital Records of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9479

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th February
4. Place of Birth (Street and Number)	563 Harford Ave
5. Full Name of Mother	Mary Greacen
6. Mother's Maiden Name	" Davis
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	John Greacen
9. Father's Occupation	Car Conductor
10. Father's Birthplace	Balto. Co — Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M. D.
Address	166 E. Eager St.
Remarks	1st Child in Nine — delivered at full term —

Rules in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

94480

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11th Feb. 76

4. Place of Birth (Street and Number) 70 N. Carrollton

5. Full Name of Mother Helene Sperry

6. Mother's Maiden Name Miller

7. Mother's Birthplace Elbea (Rumberia)

8. Full Name of Father Daniel Sperry

9. Father's Occupation Laborer

10. Father's Birthplace Scotland (Charlestown)

Name of Medical Attendant, or other Person who makes this Return. Mathew A. Lyon M.D.

Address 70 N. Carrollton

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 11 1876
4. Place of Birth (Street and Number)	Peach alley No 7
5. Full Name of Mother	Lucy Greene
6. Mother's Maiden Name	Lucy Holland
7. Mother's Birthplace	Somerset County Va
8. Full Name of Father	William Greene
9. Father's Occupation	Catching Oysters
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Margret Briggs
Address	No 11 Seldon St
Remarks	No. Dificulties

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9482
HEALTH DEPARTMENT
FEB
1900
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	11th inst
4. Place of Birth (Street and Number)	323 montgomery st
5. Full Name of Mother	sarah rodger
6. Mother's Maiden Name	maiden name unknown
7. Mother's Birthplace	caroline county md
8. Full Name of Father	edward rodgers
9. Father's Occupation	sailor
10. Father's Birthplace	carolin county
Name of Medical Attendant, or other Person who makes this Return.	ellen nora glenn
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9483

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Black

3. *Date of Birth* Sunday 11th 1876

4. *Place of Birth (Street and Number)* 11. 25. Spruce St.

5. *Full Name of Mother* Clara Stephenson

6. *Mother's Maiden Name* Lucas

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John H. Stephenson

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Canada

Name of Medical Attendant, or other Person who makes this Return. Jno F. Engel

Address No 102 E Monument St

Remarks

Penalty for Neglect of Physician or Midwife to Report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

94814

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. d Child
1. Sex (state whether Male or Female)	M. Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	11. February 1876
4. Place of Birth (Street and Number)	hanover St no. 7. 11
5. Full Name of Mother	Sophie Dehn
6. Mother's Maiden Name	Sophie Jauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Friedrich Dehn
9. Father's Occupation	hackdriver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Hagarman
Address	Bassel St 190
Remarks	

9485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* ~~Fe~~ white
3. *Date of Birth* February 12
4. *Place of Birth (Street and Number)* 158 S. Bond St
5. *Full Name of Mother* Betty Crook
6. *Mother's Maiden Name* " ~~Hartnet~~ Wolbers
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* Henry Crook
9. *Father's Occupation* Marginer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Beginn Heidlage

Address No 289 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

9486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feby 12. 1876

4. Place of Birth (Street and Number) 240 Chatsworth St

5. Full Name of Mother Virginia George

6. Mother's Maiden Name Fort

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry F. George

9. Father's Occupation Clerk

10. Father's Birthplace Bach

Name of Medical Attendant, or other Person who makes this Return. W. M. Kemp M.D.

Address 55 N Gilmor St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9187

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 of February
4. Place of Birth (Street and Number)	No 18 Wyeth / Balto Md
5. Full Name of Mother	Amanda Wonder
6. Mother's Maiden Name	Amanda Flagan
7. Mother's Birthplace	Woodlawn Baltimore County
8. Full Name of Father	Lewis J. Wonder
9. Father's Occupation	Laborer
10. Father's Birthplace	Pittsburg Pa
Name of Medical Attendant, or other Person who makes this Return.	Mrs Detmber
Address	Schroeder St
Remarks	

HEALTH DEPARTMENT FEB 1876 BALTIMORE

RETURN OF A BIRTH.

9458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febry 12. 1876
4. *Place of Birth (Street and Number)* Boundary Avenue & Cathedral Sts
5. *Full Name of Mother* Alice Sapp
6. *Mother's Maiden Name* Alice Parsons
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Sapp
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. B. Browne M. D.

Address 307 Madison Avenue

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) Colored.

3. Date of Birth Febuary 12th.

4. Place of Birth (Street and Number) 178 Mulliken st.

5. Full Name of Mother Rachel Thompson.

6. Mother's Maiden Name Rachel Thompson

7. Mother's Birthplace Norfolk Va.

8. Full Name of Father John Thompson.

9. Father's Occupation Labor.

10. Father's Birthplace Norfolk. Va.

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyle.

Address 247 Orleans

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	12 February 1876
4. Place of Birth (Street and Number)	150 Battery Avenue
5. Full Name of Mother	Annie F Nickum
6. Mother's Maiden Name	Annie F. Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George W. Nickum
9. Father's Occupation	Cooper
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Nash
Address	
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 15 1876
BALTIMORE

91491

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 February
4. Place of Birth (Street and Number)	126 Johnson St
5. Full Name of Mother	Mary Chambers
6. Mother's Maiden Name	Mary Feuerstein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	C H Chambers
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penal Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

94492

HEALTH DEPARTMENT
FEB
15
1926
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Wednesday Jan 13 1926

4. *Place of Birth (Street and Number)* 15 W Hamburg Baltimore

5. *Full Name of Mother* Clara V Mitchell

6. *Mother's Maiden Name* Eckhardt

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* John H Mitchell

9. *Father's Occupation* Machinist

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Eva Mae Mitchell

Address 15 W Hamburg

Remarks

RETURN OF A BIRTH.

9493

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~)

2. Race or Color (*if not of the white race*) White

3. Date of Birth Feb 12th 1876

4. Place of Birth (*Street and Number*) 153 Mulberry st

5. Full Name of Mother Annie Coll

6. Mother's Maiden Name " Walsh

7. Mother's Birthplace Baltimore

8. Full Name of Father John Coll

9 Father's Occupation Carpenter

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Gast & Steinwedel

Address " 93 Park ave

Remarks Natural

Fee Record of Vital Statistics in the City of Baltimore.

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94491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 18th 1.30 A. M. Boy
4. *Place of Birth* (Street and Number) Jackson Lg. Ave. 4th door from Pine
5. *Full Name of Mother* Harrietta Anna Maria Murphy
6. *Mother's Maiden Name* Harrietta A. M. Ferrandini
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph H. Murphy
9. *Father's Occupation* Ornamental Frame Maker
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 999 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics of the City of Baltimore.

94.95

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex* (state whether Male or Female) a boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 12 of February 1876
4. *Place of Birth* (Street and Number) 106 North Wolfe st
5. *Full Name of Mother* Mary Abratt
6. *Mother's Maiden Name* Mary Smith
7. *Mother's Birthplace* Anapolas
8. *Full Name of Father* George R Smith
9. *Father's Occupation* Brick layer
10. *Father's Birthplace* Boltimore

Name of Medical Attendant, or other Person who makes this Return. Crecentia Kunkel

Address 71 North chappel st / Jno John Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9496
10th

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Febr. 12th 1876
4. *Place of Birth* (Street and Number) born Douglas & Forrest Sts
5. *Full Name of Mother* Maggie Falan
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Falan
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Gustavus Liebmann, M.D.

Address

Remarks

9497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) ——
3. *Date of Birth* 12th February 1876
4. *Place of Birth* (*Street and Number*) 1116 E. Fayette St
5. *Full Name of Mother* Sarah Wally
6. *Mother's Maiden Name* " Bell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm C. Wally
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 32 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febury 11 1876
4. *Place of Birth (Street and Number)* No 12 Cambrige St
5. *Full Name of Mother* Mrs Mary Ann White
6. *Mother's Maiden Name* Calicon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Henry White
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harrington

Address No 40 True st Can to

Remarks

Note.—Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 12th 1876
4. Place of Birth (Street and Number)	No 236 East Monument St
5. Full Name of Mother	Kate Bonn
6. Mother's Maiden Name	Kate Lewis
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Louis Bonn
9. Father's Occupation	Lamp Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 209 Monument St. Cor. Central Avenue Balt. Md.
Remarks	Boltwell

9509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 12th 1876.
4. Place of Birth (Street and Number)	431 Gross Street.
5. Full Name of Mother	Laura A. Barnas.
6. Mother's Maiden Name	L. A. Barnas
7. Mother's Birthplace	? Maryland
8. Full Name of Father	Samuel A. Barnas
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street.
Remarks	This wife is the cousin of her husband.

Vital Records of the State of Maryland—Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White ~~Colored~~
3. Date of Birth	12 February 1876
4. Place of Birth (Street and Number)	5 E. Eutaw St.
5. Full Name of Mother	Alice Ash
6. Mother's Maiden Name	Alice Ash
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Isaac
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Henrietta Glasgow
Address	
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* February 12th 1876.
4. *Place of Birth* (Street and Number) Canton Av. No. 296
5. *Full Name of Mother* Christina Hilter
6. *Mother's Maiden Name* Christina Lehegel
7. *Mother's Birthplace* Bedenhausen Pr. Preussen Germany
8. *Full Name of Father* Ludwig Hilter
9. *Father's Occupation* Baker
10. *Father's Birthplace* Kulelen Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9.503

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 February 1876
4. *Place of Birth (Street and Number)* 26 Central Ave
5. *Full Name of Mother* Katherine Kassel
6. *Mother's Maiden Name* Pritter
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Kassel
9. *Father's Occupation* Machinist
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Simon Cooper

Address 526 Lombard St.

Remarks

9301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Dark

3. Date of Birth Feb 12 1876

4. Place of Birth (Street and Number) No 45 Orange St

5. Full Name of Mother Susan A. Moore

6. Mother's Maiden Name " " Garnier

7. Mother's Birthplace Anne Arundel Co Md

8. Full Name of Father Richard H Moore

9. Father's Occupation Drayman

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr G Riden Md

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d, 3d,~~ &c.*) 7th

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 12th February 1876
4. *Place of Birth* (*Street and Number*) 36 Miller M
5. *Full Name of Mother* Eliza. E. Myers
6. *Mother's Maiden Name* " " Annuger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Oliver. F. Myers
9. *Father's Occupation* Engineer & Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Rinell

Address Cor Broadway & Madison St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 February
4. Place of Birth (Street and Number)	No 28 Third street
5. Full Name of Mother	Elise Deiterich
6. Mother's Maiden Name	Elise Arens
7. Mother's Birthplace	Germina
8. Full Name of Father	Charles Deiterich
9. Father's Occupation	Cabnite maker
10. Father's Birthplace	Germina
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Five

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February 12th 1876

4. Place of Birth (Street and Number) No 224 Chew Street

5. Full Name of Mother Alice L Hoey

6. Mother's Maiden Name Alice L Biddison

7. Mother's Birthplace Baltimore Co Md

8. Full Name of Father Henry Hoey

9. Father's Occupation Policeman

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. 286 N Dongh St

Address c Mary A Allwell

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9506

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5

1. Sex (*state whether Male or Female*) Boy

2. Race or Color (*if not of the white race*) Colored

3. Date of Birth Feb 12th 1876

4. Place of Birth (*Street and Number*) 66 Lemmon Hill Place

5. Full Name of Mother Maggie Gordon

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Gordon

9. Father's Occupation Driver

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy alley

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 12th 1876

4. Place of Birth (Street and Number) 343 N Bond St

5. Full Name of Mother Sarah Elizabeth Smith

6. Mother's Maiden Name " Livingston

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wally Dorsey Smith

9. Father's Occupation Clerk

10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Haynes

Address 18 Sicquell St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTRAR'S DEPARTMENT
FEB
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the second

1. *Sex* (state whether Male or Female) male, healthy
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Sunday, the 13th of February 1876
4. *Place of Birth* (Street and Number) No 289 N. Eutaw Street
5. *Full Name of Mother* Anna Sophie Gourley
6. *Mother's Maiden Name* Anna Sophie Gierond
7. *Mother's Birthplace* Lagard in Prussia
8. *Full Name of Father* Moses Gourley
9. *Father's Occupation* Coachmaker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Guy

Address No 77 N. Eldorey Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9511

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13 Feb 1876

4. Place of Birth (Street and Number) 304 Canton Stv.

5. Full Name of Mother Christina Schaadt

6. Mother's Maiden Name Volz

7. Mother's Birthplace "America

8. Full Name of Father Philipp Schaadt

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Pratt St.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9512

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	[illegible]
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	[illegible]
4. Place of Birth (Street and Number)	[illegible]
5. Full Name of Mother	[illegible]
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	[illegible]
8. Full Name of Father	[illegible]
9. Father's Occupation	[illegible]
10. Father's Birthplace	[illegible]
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	[illegible]

RETURN OF A BIRTH.

9513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 414

HEALTH DEPARTMENT
FEB
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Feb. 13th 1876.
4. *Place of Birth (Street and Number)* 1123 Bury St.
5. *Full Name of Mother* Sara Meinstein.
6. *Mother's Maiden Name* Sara Kanns
7. *Mother's Birthplace* Germany
8. *Full Name of Father* H. Meinstein.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm H Arnold

Address No 137 S Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9514

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth February 3 1876

4. Place of Birth (Street and Number) 21 Smyth st

5. Full Name of Mother Mary Campbell

6. Mother's Maiden Name Mary Campbell

7. Mother's Birthplace Baltimore

8. Full Name of Father James Campbell

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jaine Meeker

Address 136 116 Lemmy st

Remarks The Baby died on the 16 of August
Son of Belevue St Peters county
undertaker J P Cook 767 west Baltimore st

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

9513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th January 1876
4. *Place of Birth (Street and Number)* 50 Eutaw St.
5. *Full Name of Mother* Robert Schaffeling
6. *Mother's Maiden Name* Stiefl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Schaffeling
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Custer

Address 52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Five Dollars for each Neglect.

RETURN OF A BIRTH.

1516

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) 3rd

1. *Sex* (~~state whether Male or~~ Female) Female
2. *Race or Color* (~~if not of the~~ white race) White
3. *Date of Birth* 13th February 1876.
4. *Place of Birth* (Street and Number) 380 Myrtle Avenue,
5. *Full Name of Mother* Mary L. Carter,
6. *Mother's Maiden Name* Mary L. Llewellyn
7. *Mother's Birthplace* Richmond Virginia
8. *Full Name of Father* Henry M. Carter,
9. *Father's Occupation* Contractor & Builder,
10. *Father's Birthplace* Richmond Virginia,

Name of Medical Attendant, or other Person who makes this Return. Henry L Byrd M.D

Address 139 Arlington Avenue,

Remarks Natural labor Baby premature.

Four living children, Mother & Child doing well.

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 13th 1876
4. Place of Birth (Street and Number)	No 23 Gough St.
5. Full Name of Mother	Elisabeth Grieze.
6. Mother's Maiden Name	" Benzer.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Adam Grieze.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Wolfram
Address	No 175 South Eden St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 13th 1876
4. Place of Birth (Street and Number)	No 245 Eastern Ave
5. Full Name of Mother	Henrietta Schaub
6. Mother's Maiden Name	" Berwig
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schaub
9. Father's Occupation	Tinner
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9519

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 Feby 1876.
4. *Place of Birth (Street and Number)* 174 Dover St.
5. *Full Name of Mother* Louisa Stumm
6. *Mother's Maiden Name* " Lecker
7. *Mother's Birthplace* Kur Hessen Germ
8. *Full Name of Father* Frederick Stumm
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Kur Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9520

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mat.
3. Date of Birth	13 February 1876.
4. Place of Birth (Street and Number)	193 Burgundy alley
5. Full Name of Mother	Sophie Bracke
6. Mother's Maiden Name	" Kraver
7. Mother's Birthplace	Prussia
8. Full Name of Father	Henry Bracke
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Korh
Address	328 South Eutaw st
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

95521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	American White Race
3. Date of Birth	Feb 13th 1876
4. Place of Birth (Street and Number)	No 727 N. Lombard St Balto Md.
5. Full Name of Mother	Emily Jane Carr
6. Mother's Maiden Name	Emily " Henry
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Francis Henry Carr
9. Father's Occupation	Courier
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner
Address	No 45 Monroe St
Remarks	

HEALTH DEPT FEB 15 1876 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9522

HEALTH DEPARTMENT
FEB
13
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d,~~ 3d, &c.*)

1. *Sex* (*state whether Male ~~or Female~~*)
2. *Race or Color* (*if not of the white race*) Black
3. *Date of Birth* 13th February 1876
4. *Place of Birth* (*Street and Number*) No 126 S Bethel st
5. *Full Name of Mother* Eliza Jane Young
6. *Mother's Maiden Name* " " White
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Thomas Young
9. *Father's Occupation* Seamen
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Rumill

Address Broadway & Madison st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9523

(over)

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) Irving K Ward

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white ~~race~~)
3. *Date of Birth* Feb 13th 1876
4. *Place of Birth* (Street and Number) No 30 N Amm st Balto city
5. *Full Name of Mother* Ella Ward
6. *Mother's Maiden Name* Ella Houston
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Richard Ward
9. *Father's Occupation* Printer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. S. Ridgway Andre M.D.

Address No 121 E Balto st

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fifth child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Thirtenth of february
4. Place of Birth (Street and Number)	east madison st 339
5. Full Name of Mother	Emma jane enson
6. Mother's Maiden Name	Joyce
7. Mother's Birthpluce	Maryland
8. Full Name of Father	Benjamen Fenson
9. Father's Occupation	Surgion
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry A Mcneill
Address	286 Mc Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Inete f Deceased

1. *Sex (state whether Male or Female)* famele
2. *Race or Color (if not of the white race)* Collrd
3. *Date of Birth* febnay the 13
4. *Place of Birth (Street and Number)* No 7 booth st
5. *Full Name of Mother* Clinnes
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Simons Clinnes
9. *Father's Occupation* Dray man
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Richons

Address Dover st 22

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9526

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Feb. 13th 1876.

4. *Place of Birth* (Street and Number) 18 S. Spring St.

5. *Full Name of Mother* Emily Steever

6. *Mother's Maiden Name* Courtney

7. *Mother's Birthplace* Balt. Md

8. *Full Name of Father* Saml. H. Steever

9. *Father's Occupation* Coach Painter

10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Deaville Kirk M. D.

Address Balt. & Wash. Rds

Remarks Delivered with forceps.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 February
4. *Place of Birth (Street and Number)* 86 Bethel Street
5. *Full Name of Mother* Lena Krause
6. *Mother's Maiden Name* Lena Gabel
7. *Mother's Birthplace* Germiny
8. *Full Name of Father* Emanuel Krause
9. *Father's Occupation* None
10. *Father's Birthplace* Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 1010 Gronby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9528

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14 febuary
4. *Place of Birth* (Street and Number) 144 ann st
5. *Full Name of Mother* Jane perry
6. *Mother's Maiden Name* Jane whitten
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* andrew perry
9. *Father's Occupation* house carpenter
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this Return. mary conner

Address 153 choptank st

Remarks

RETURN OF A BIRTH.

9529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 14th 1876.
4. Place of Birth (Street and Number)	162 Bank Street
5. Full Name of Mother	Cecilia Batta
6. Mother's Maiden Name	Lynch
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Miskell St. Marys County. Md.
9. Father's Occupation	Engine Fireman
10. Father's Birthplace	Joseph Batta St Marys County. Md.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Fleming
Address	40 Essex Street E
Remarks	

RETURN OF A BIRTH.

9530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 14 Ter 1876
4. Place of Birth (Street and Number)	No 61 Henrietta st.
5. Full Name of Mother	Elisabeth Gerner
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Gerner
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaaser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the child was borned on 14 feb wayne st. 816

1. Sex (state whether Male or Female) sex state whether male

2. Race or Color (if not of the white race) race or color if etc

3. Date of Birth date of Birth

4. Place of Birth (Street and Number) place of birth Wayne st 816 41 east

5. Full Name of Mother anna liz bef. hawver

6. Mother's Maiden Name el liz tomonson

7. Mother's Birthplace city born

8. Full Name of Father john tomonson

9. Father's Occupation oyster shuker

10. Father's Birthplace virginia county

Name of Medical Attendant, or other Person who makes this Return. midle guest

Address topeco ex mi st 1

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 14. 1876
4. *Place of Birth (Street and Number)* No 110 N Caroline st
5. *Full Name of Mother* Rachel Gray
6. *Mother's Maiden Name* Rachel Benjamin
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William H. Gray
9. *Father's Occupation* Trader
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline st

Remarks Died on a spasm buried in Baltimore Cemetary

Undertaker Undertaker Wm Fry

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febu 14th 1876
4. Place of Birth (Street and Number)	Holins st 173
5. Full Name of Mother	Alvenda Campbell
6. Mother's Maiden Name	" Randall
7. Mother's Birthplace	Balto
8. Full Name of Father	Nelson Campbell
9. Father's Occupation	Grocer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A. N. Shultz
Address	No 11. Lexington Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

95311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 14th 1876
4. *Place of Birth* (Street and Number) 53 Hanover st
5. *Full Name of Mother* Louisa Butler
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Md
8. *Full Name of Father* Elijah Butler
9. *Father's Occupation* Merchant Sailor
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Benson

Address 14 Hanover st

Remarks Atty

RETURN OF A BIRTH.

9535

HEALTH DEPARTMENT
FEB
25
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feby 14 1876
4. Place of Birth (Street and Number)	No 25 Patterson Ave Balt
5. Full Name of Mother	Carrie Brent
6. Mother's Maiden Name	Carrie Hunton
7. Mother's Birthplace	Northumberland Co Va
8. Full Name of Father	William Brent
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Geo W Airey M D
Address	341 Myrtle Ave
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1910
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro.
3. *Date of Birth* Feb. 14th 1876
4. *Place of Birth (Street and Number)* # 121 Central Ave.
5. *Full Name of Mother* Minnie Gross
6. *Mother's Maiden Name* .. Hooper
7. *Mother's Birthplace* Dorchester Co. Md.
8. *Full Name of Father* Charles Gross
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. D. B. O'Reilly

Address # 235. N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

9.539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 14th February 1876

4. Place of Birth (Street and Number) 104 Central Ave.

5. Full Name of Mother Frederica Alber

6. Mother's Maiden Name Klein

7. Mother's Birthplace Germany

8. Full Name of Father Peter Alber

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 522 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14th February 1876

4. Place of Birth (Street and Number) 207 Dallas St.

5. Full Name of Mother Mag. Keul

6. Mother's Maiden Name Peeckert

7. Mother's Birthplace Germany

8. Full Name of Father Andrew Keul

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Thayer

Address 52 E. Lexington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9 b 39

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 14th 1876.
4. Place of Birth (Street and Number)	41 n. Fremont St
5. Full Name of Mother	Elisabeth Hinkel
6. Mother's Maiden Name	E. Mathews
7. Mother's Birthplace	Hessen. Germany
8. Full Name of Father	Henry Hinkel
9. Father's Occupation	Baker
10. Father's Birthplace	Hessen. Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wiese
Address	56 East East
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

95410

FEB 15 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth ~~318 N Broad St~~ Feby 14th 1876

4. Place of Birth (Street and Number) 318 N Broad St

5. Full Name of Mother Amanda B. Hudson

6. Mother's Maiden Name Amanda B. Hall

7. Mother's Birthplace Baltimore City

8. Full Name of Father Edgar E. Hudson

9. Father's Occupation Tinner

10. Father's Birthplace Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls MD

Address 1818 E. Monument St

Remarks boy healthy and large within a fraction of 12 lbs

95411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american Race
3. *Date of Birth* February 4th 1876
4. *Place of Birth (Street and Number)* Forrest St 11 16
5. *Full Name of Mother* Mary Magel
6. *Mother's Maiden Name* " Koestner
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* John Magel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Wm Rose Kelly

Address 48 Holland St Balto City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

95112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* February 14 1876
4. *Place of Birth (Street and Number)* East N. 7166 Bell Co
5. *Full Name of Mother* Augusta Isaac
6. *Mother's Maiden Name* " Thomas
7. *Mother's Birthplace* Kanawa Ordinary Camp
8. *Full Name of Father* Robert Isaac
9. *Father's Occupation* Car conductor
10. *Father's Birthplace* Bulls Pigeon Camp

Name of Medical Attendant, or other Person who makes this Return. Silas Reed Welly

Address 48 Holland St Bulls City

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

93113

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth 19th of Feb 1876

4. Place of Birth (Street and Number) 203 S. Wolfe st

5. Full Name of Mother Katharine Brockett (Addie)

6. Mother's Maiden Name ———

7. Mother's Birthplace Brake (Oldenburg)

8. Full Name of Father Dietrich Haddick

9. Father's Occupation Tailor

10. Father's Birthplace Brake (Oldenburg)

Name of Medical Attendant, or other Person who makes this Return. J. Mathias, M.D.

Address 295 S. Bond

Remarks

95111

RETURN OF A BIRTH.

FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 11th

1. *Sex* (*state whether Male or Female*) male.
2. *Race or Color* (*if not of the white race*) white.
3. *Date of Birth* 14. February 1876.
4. *Place of Birth* (*Street and Number*) 122 Cross St.
5. *Full Name of Mother* Helen Fanheart.
6. *Mother's Maiden Name* Helen Willman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andrew J Fanheart.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9545

HEALTH DEPARTMENT
FEB
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex* (state whether Male or Female) male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 14. February 1876.
4. *Place of Birth* (Street and Number) 154. Johnson St.
5. *Full Name of Mother* Jiny Martin.
6. *Mother's Maiden Name* Jiny wade.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Cins Martin.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 27. Elizabeth Lane.

Remarks

RETURN OF A BIRTH.

95116

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* February 14th
4. *Place of Birth* (Street and Number) 319 Lexington St
5. *Full Name of Mother* Rosa Forster.
6. *Mother's Maiden Name* Rosa Simon
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Georg Forster
9. *Father's Occupation* Wholesale Liquor-dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Henry Salzer

Address 165 W-Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

95417

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 14th 1876
4. *Place of Birth* (Street and Number) 52 Wayne Street
5. *Full Name of Mother* Louisa Helms
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Martin Gilliard
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Augusta Georgia

Name of Medical Attendant, or other Person who makes this Return.

Address D Thomas 71 Burgundy alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9548

BOARD OF HEALTH
FEB
23
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* Febury 14
4. *Place of Birth* (Street and Number) 143 McHenry St
5. *Full Name of Mother* Esibell Miller
6. *Mother's Maiden Name* Mercer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wiliam Miller
9. *Father's Occupation* gardner
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenery St

Remarks

95429

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 23 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 14th 1876

4. Place of Birth (Street and Number) 138 Mosher St

5. Full Name of Mother Emma Rose Ferguson

6. Mother's Maiden Name " " Cromwell

7. Mother's Birthplace Frederick Co

8. Full Name of Father Samuel Tucker Ferguson

9. Father's Occupation Preacher

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. P.B. Williams

Address 201 Madison Ave

Remarks

1

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9550

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 15 February

4. *Place of Birth* (Street and Number) 186 Bethel St

5. *Full Name of Mother* Marie Seufth

6. *Mother's Maiden Name* " Caron

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Majel Seufth

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Josephine Corrado

Address No 20 Bernard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9551

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex (*state whether Male or Female*) female

2. Race or Color (*if not of the white race*) Colored

3. Date of Birth feb 16

4. Place of Birth (*Street and Number*) no 33 Chaffee st

5. Full Name of Mother Sarah Sims

6. Mother's Maiden Name Sarah Bond

7. Mother's Birthplace Baltimore

8. Full Name of Father John Sims

9. Father's Occupation Labor

10. Father's Birthplace [redacted] Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Johnson

Address no 32[redacted] street

Remarks Healthy child

9552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fifth Child Male

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuery the 15
4. *Place of Birth (Street and Number)* 44 So ~~[illegible]~~ Schroder Et
5. *Full Name of Mother* Sarah Braun
6. *Mother's Maiden Name* Sarah Shading
7. *Mother's Birthplace* York Pa
8. *Full Name of Father* Saul Braun
9. *Father's Occupation* Shoue Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Dunkel

Remarks —

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 16 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Feby 15th 1875.
4. Place of Birth (Street and Number)	140 Penna. Avenue
5. Full Name of Mother	Virginia Annie Harvey-
6. Mother's Maiden Name	V. A. Warner-
7. Mother's Birthplace	Balto. City-
8. Full Name of Father	Andrew Thomas Harvey-
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

95511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 16 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	9th
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	
3. Date of Birth	Feb 15th 1876
4. Place of Birth (*Street and Number*)	174 Preston St
5. Full Name of Mother	Agnes Bohs
6. Mother's Maiden Name	" " Oettling
7. Mother's Birthplace	Germany
8. Full Name of Father	John Bohs
9. Father's Occupation	Policeman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Meyenzehl (Midwife)
Address	214 Preston St
Remarks	

9555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 February
4. *Place of Birth (Street and Number)* Linton Alley
5. *Full Name of Mother* Annia Waudt
6. *Mother's Maiden Name* Abattoe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Robert Waudt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febry. 15th 1876
4. Place of Birth (Street and Number)	213 Lexington St.
5. Full Name of Mother	Catherine Daubert
6. Mother's Maiden Name	Catherine Rheinhauer
7. Mother's Birthplace	Germany.
8. Full Name of Father	Lewis Daubert.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ruth Fortune Purnell
Address	Night Depot 11 4.39.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 15th 1876
4. Place of Birth (Street and Number)	311 Mother Alley
5. Full Name of Mother	Lavinia Crawford
6. Mother's Maiden Name	" Bassett
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Levi Crawford
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Montgomery Co
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Benson MD
Address	144 Hanover St
Remarks	MD.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9558

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Black.

3. *Date of Birth* Feby. 15. 1876.

4. *Place of Birth (Street and Number)* 360 Park Avenue

5. *Full Name of Mother* Lane Silver

6. *Mother's Maiden Name* Lane.

7. *Mother's Birthplace* Balto. County

8. *Full Name of Father* Saml. Hanley

9. *Father's Occupation* Don't know Teaching

10. *Father's Birthplace* Don't know.

Name of Medical Attendant, or other Person who makes this Return. C. H. Toomy 2 Park Avenue

Address

Remarks

RETURN OF A BIRTH.

" 7.559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 15th 1876
4. *Place of Birth (Street and Number)* 86 S Paca St
5. *Full Name of Mother* Mary Marcaline Shaffer
6. *Mother's Maiden Name* Mary Marcaline Wyatt
7. *Mother's Birthplace* Kent Co. Md
8. *Full Name of Father* William Shaffer
9. *Father's Occupation* Clerk upon Steamer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. W H Hammond M.D.

Address 53 N Paca St Balt.

Remarks Natural Birth

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7560

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 15th 1876
4. Place of Birth (Street and Number)	No 26 W. Chappel st.
5. Full Name of Mother	Maggeretta Dennerlein
6. Mother's Maiden Name	" Berdolt
7. Mother's Birthplace	Germany
8. Full Name of Father	George Dennerlein
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank sts
Remarks	

RETURN OF A BIRTH.

9561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 15th 1876
4. Place of Birth (Street and Number)	No 428 Canton Ave
5. Full Name of Mother	Maggereth Garlenz
6. Mother's Maiden Name	" Gunzelmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Nicholas Garlenz
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustemann
Address	120 Bank str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
FEB
24
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 15th 1876
4. Place of Birth (Street and Number)	No 428 Canton Ave
5. Full Name of Mother	Katherina Schram
6. Mother's Maiden Name	11 Simon
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schram
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 24 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 15th 1876
4. Place of Birth (Street and Number)	No 371 Eastern Ave.
5. Full Name of Mother	Maggereth Kanzler
6. Mother's Maiden Name	" Hasselmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Kanzler
9. Father's Occupation	Moulder
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 15th February 1876
4. *Place of Birth* (Street and Number) # 95 S. Chapel St
5. *Full Name of Mother* Rosanna Bishop
6. *Mother's Maiden Name* Rosanna Bennes
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Bishop
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Dr. Lodera # 23 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

9565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 15 1876

4. Place of Birth (Stree and Number) 1 n 55

5. Full Name of Mother Mrs Frau

6. Mother's Maiden Name Mrs Cöle

7. Mother's Birthplace Hessen Darmstadt

8. Full Name of Father Gottlieb Frey

9. Father's Occupation Brickmaker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. L. Rudolph M.D.

Address 106 Columbia

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 February 1876
4. *Place of Birth (Street and Number)* 67 Central Ave.
5. *Full Name of Mother* Rose Woods
6. *Mother's Maiden Name* " Castleys
7. *Mother's Birthplace* America
8. *Full Name of Father* Nicholas Woods
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 15th 1876
4. Place of Birth (Street and Number)	No 191 S. Charles st.
5. Full Name of Mother	Sarah Jost.
6. Mother's Maiden Name	Lion
7. Mother's Birthplace	America
8. Full Name of Father	John Jost.
9. Father's Occupation	Ships officers
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaier midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 15th 1876
4. Place of Birth (Street and Number)	Baltimore Balt. n 306
5. Full Name of Mother	Emily Crowell
6. Mother's Maiden Name	Dameseder
7. Mother's Birthplace	Germany
8. Full Name of Father	Freeman Crowell
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Va.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parkin st.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 15 1878
4. Place of Birth (Street and Number)	352 Dutchaon Street
5. Full Name of Mother	Louise Engelking
6. Mother's Maiden Name	" " Zink
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wilhelm Engelking
9. Father's Occupation	Wagner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reis
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Negro.
3. Date of Birth	Feb. 15th 1876
4. Place of Birth (Street and Number)	No. 12 Shields al.
5. Full Name of Mother	Lavenia Cole
6. Mother's Maiden Name	" Cook
7. Mother's Birthplace	Harford Co.
8. Full Name of Father	Joseph Cole
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	H. B. Gardner
Address	121 Mulberry st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 15th 1876
4. *Place of Birth (Street and Number)* No 19 North Dallas Al
5. *Full Name of Mother* Mary Purnell
6. *Mother's Maiden Name* Mary Richardson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Purnell
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 191 Carlton Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9572

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr 15th 1876.
4. Place of Birth (Street and Number)	210 Eden Str.
5. Full Name of Mother	Mrs Maggie Adler
6. Mother's Maiden Name	Miss Maggie Zulauf
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Chas E Adler
9. Father's Occupation	Clerk
10. Father's Birthplace	Hanover Europe
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 McDonogh st
Remarks	

RETURN OF A BIRTH.

9573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1876
BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1876
4. *Place of Birth (Street and Number)* No 142 Fountain St
5. *Full Name of Mother* Josepha Schgerup
6. *Mother's Maiden Name* Josepha Schuyer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Schgerup
9. *Father's Occupation* Blacksmith & Machinist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno. A. Wagner

Address No 142 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

95711

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male Child
2. *Race or Color* (if not of the white race) Dark
3. *Date of Birth* thurs Feb 15 1876
4. *Place of Birth* (Street and Number) 137 chapel st Betren monument ce st
5. *Full Name of Mother* rosetta Brooks
6. *Mother's Maiden Name* /
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* /
9. *Father's Occupation* /
10. *Father's Birthplace* /

Name of Medical Attendant, or other Person who makes this Return. Alice Choplin M. Nish

Address n 5 5 Dallas stree

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 February in the year 1876
4. Place of Birth (Street and Number)	Bonny st No 101 Baltimore
5. Full Name of Mother	Johanna Whytbeck
6. Mother's Maiden Name	Johanna Thinkle
7. Mother's Birthplace	Germany
8. Full Name of Father	Valentine Thinkle
9. Father's Occupation	Laborer Trustee
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Freburger
Address	766 West Pratt st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9576

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	forth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 February
4. Place of Birth (Street and Number)	183 Hudson street Canton
5. Full Name of Mother	Mary A Krogman
6. Mother's Maiden Name	Mary A Langer
7.. Mother's Birthplace	Germane
8. Full Name of Father	William Krogman
9. Father's Occupation	Labora.
10. Father's Birthplace	Germine
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Ave
Remarks	

Duties of Registrations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9677

RETURN OF A BIRTH.

STATE OF MARYLAND
FEB
23
1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 6 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 of febuary
4. *Place of Birth (Street and Number)* canton ave 276
5. *Full Name of Mother* Julia ck Hunt
6. *Mother's Maiden Name* Julia Wallace
7. *Mother's Birthplace* Somerset County
8. *Full Name of Father* George W Hunt
9. *Father's Occupation* Saylor
10. *Father's Birthplace* Somerset County

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Peterson Park Avnue

Remarks

Return Registrations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9575

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) First

1. *Sex* (state whether *Male* or ~~Female~~) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 15th February 1876

4. *Place of Birth* (Street and Number) 165 Hoffman

5. *Full Name of Mother* Hellen E. Hopkins

6. *Mother's Maiden Name* Hellen E. Baxter

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Wm H. Hopkins

9. *Father's Occupation* Laundr

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. O. Wilson Jr

Address 146 Park Avenue

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 t.

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 15th 1876
4. *Place of Birth* (Street and Number) No 1 H alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Susan Palmer
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

9580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 16th 11 45 A.M. Boy 1876.
4. *Place of Birth (Street and Number)* 422 N. Eden St.
5. *Full Name of Mother* Ruth Solomon
6. *Mother's Maiden Name* Ruth Hamilton
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Benjamin D. Solomon
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 16th 76.
4. Place of Birth (Street and Number)	25 St. Mary St.
5. Full Name of Mother	Catherine Eisenhandt.
6. Mother's Maiden Name	Wigley.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	John Eisenhandt
9. Father's Occupation	Cigar Maker.
10. Father's Birthplace	Balto City.
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Vinth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Friby 16th 1876
4. Place of Birth (Street and Number)	346 Strieker St
5. Full Name of Mother	Phoebe D. Trimble
6. Mother's Maiden Name	Phoebe D. Carr
7. Mother's Birthplace	Harford Co. Md
8. Full Name of Father	Henry C Trimble
9. Father's Occupation	Miller Balto City
10. Father's Birthplace	Geo. W. Abey Md
Name of Medical Attendant, or other Person who makes this Return.	341 Myrtle Ave
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

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RETURN OF A BIRTH.

9553

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	Baltimore
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	Colored
Date of Birth	16th of February 1876
Place of Birth (Street and Number)	No 15 Corden Alley
Full Name of Mother	Sarah Boom
Mother's Maiden Name	Sarah
Mother's Birthplace	West River
8. *Full Name of Father*	John Tomas
9. *Father's Occupation*	Water
10. *Father's Birthplace*	West River
Name of Medical Attendant, or other Person who makes this Return.	Lucy Cornish
Address	No 21 Rees Alley
Remarks	

Board of Health to secure a full and cor-

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9581

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 16 th 1876
4. Place of Birth (Street and Number)	No 4 N. Chappel's Ct
5. Full Name of Mother	Barbara Reinsfelder
6. Mother's Maiden Name	" Bibl
7. Mother's Birthplace	Germany
8. Full Name of Father	John Reinsfelder
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank str.
Remarks	

Baltimore.

rect Record of Vital Statistics in the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9353

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th Feb 1876
4. Place of Birth (Street and Number)	261 Lee
5. Full Name of Mother	Amalia Bachelman
6. Mother's Maiden Name	Amalia Schlagel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Schlagel
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Magarey
Address	
Remarks	Rec'd 2 28 76

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
23
1976
BALTIMORE

9556

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb. 16th. 1876
4. *Place of Birth (Street and Number)* 211 S. Bethel St
5. *Full Name of Mother* Lidia Smith
6. *Mother's Maiden Name* Celia Draper
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Emanuil Smith
9. *Father's Occupation* Brick maker an oyster opperator
10. *Father's Birthplace* Jamestown Md.

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford Midwife

Address 130 N Register St Baltimore Md.

Remarks

RETURN OF A BIRTH.

9587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb 16 '76
4. Place of Birth (Street and Number)	Stokes St
5. Full Name of Mother	Nancy Dennis Brokett
6. Mother's Maiden Name	" Dennis
7. Mother's Birthplace	Snow Hill Md
8. Full Name of Father	Solomon Bishop
9. Father's Occupation	Barber
10. Father's Birthplace	Snow Hill Md
Name of Medical Attendant, or other Person who makes this Return.	Ann Duffy
Address	Aderino Alley
Remarks	by D Bowers

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9588

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) mail

2. Race or Color (if not of the white race) Color'd

3. Date of Birth Feb 16th 1876

4. Place of Birth (Street and Number) 247 South Hallard St

5. Full Name of Mother Rachel Ann Young

6. Mother's Maiden Name Rachel Ann Christ

7. Mother's Birthplace Talbot county Md

8. Full Name of Father George Brindle

9. Father's Occupation Drayman

10. Father's Birthplace City born

Name of Medical Attendant, or other Person who makes this Return. Miley Groos

Address 1 of Tabbs avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9559

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th Feb. 1876
4. Place of Birth (Street and Number)	56 S. Broadway
5. Full Name of Mother	Virelie Eliza Londerman
6. Mother's Maiden Name	Riggs
7. Mother's Birthplace	Frederick Co. Md.
8. Full Name of Father	Frederick Robb Londerman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Irons M.D.
Address	406 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 16th 1876
4. Place of Birth (Street and Number)	# 238. E. Eager
5. Full Name of Mother	Mary Emma Dunbraces
6. Mother's Maiden Name	Mary Emma Jackson
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Nathan Dunbraces
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Doct Miles # 189 Asquith st
Address	Rozetta Williams # 70 Chesnut
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 16 February
4. *Place of Birth* (Street and Number) 24 Shakspar Stret
5. *Full Name of Mother* Auguste Müller.
6. *Mother's Maiden Name* Szyske
7. *Mother's Birthplace* Marienwerder
8. *Full Name of Father* Carl Shepski
9. *Father's Occupation*
10. *Father's Birthplace* Marienwerder

Name of Medical Attendant, or other Person who makes this Return. Mary Güttner.

Address

Remarks Wolf Strit. No 245.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Feb 16th 1876

4. *Place of Birth* (*Street and Number*) 110 East Baltimore St

5. *Full Name of Mother* Mary Kobyon Schlesinger

6. *Mother's Maiden Name* Baltimore, Md

7. *Mother's Birthplace* Frederick Adam

8. *Full Name of Father* Barber

9. *Father's Occupation* Baltimore, Md

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary R Rudisill

Address 134 N. Bond St.

Remarks

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9393

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febiuay 16th 1876
4. Place of Birth (Street and Number)	53 Brune street
5. Full Name of Mother	Maggie Mentzel
6. Mother's Maiden Name	" Rumney
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Henry Dorsey Mentzel
9. Father's Occupation	Dealer in Pictures Books
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. E. Gibbons M. D.
Address	47 Edmondson Avenue
Remarks	

RETURN OF A BIRTH.

95941

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 16th 1876.
4. Place of Birth (Street and Number)	257 Light st
5. Full Name of Mother	Sarah Ann Mooney
6. Mother's Maiden Name	" Cunningham
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael O Mooney
9. Father's Occupation	Merchant
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mary Rush
Address	328 South Eutaw
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9595

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* February 16th 1876

4. *Place of Birth* (Street and Number) No. 64 N. Paca St.

5. *Full Name of Mother* Sarah Adin Rebecca Mitchell

6. *Mother's Maiden Name* S. A. R. Riddle

7. *Mother's Birthplace* Prince George County Md

8. *Full Name of Father* Wade Hampton Mitchell

9. *Father's Occupation* Colored Express Messenger

10. *Father's Birthplace* Prince George County Md

Name of Medical Attendant, or other Person who makes this Return. Frank L. M. Hamba M.D.

Address No. 203 N. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feby 16th 1898
4. *Place of Birth* (Street and Number) 407 N Gay st
5. *Full Name of Mother* Laura Ella Spence
6. *Mother's Maiden Name* Elizabeth ~~Hatcher~~ Gamble
7. *Mother's Birthplace* Exeter st - Balto City
8. *Full Name of Father* Thomas Buckler Spence
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ely Walker

Address 1218 E. Monument st -

Remarks Baby presented a very healthy appearance but was asphyxiated, cord around the neck

Record of Vital Statistics in the City of Baltimore.

ations of the Board of Health to secure a full and cor-

t any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or se at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth Feb 7th 1876

4. Place of Birth (Street and Number) 92 Central Ave

Philadelphia Pa

5. Full Name of Mother Lucie

6. Mother's Maiden Name

7. Mother's Birthplace America

8. Full Name of Father Ely Wills

9. Father's Occupation Clerk

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. J. Sinah Casper

Address 92 E Lexington Street

Remarks

95.98

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 28 1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 16th February 1876
4. *Place of Birth* (*Street and Number*) 23 Holland St
5. *Full Name of Mother* Augusta Rämel
6. *Mother's Maiden Name* Wenneck
7. *Mother's Birthplace* Austria
8. *Full Name of Father* Georg Rämel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 22 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 17th 1876
4. Place of Birth (Street and Number)	15 Conway St
5. Full Name of Mother	Elizabeth Bradley
6. Mother's Maiden Name	" Keiser
7. Mother's Birthplace	Balto City
8. Full Name of Father	Frank Bradley
9. Father's Occupation	Oystersman
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Benson MD
Address	144 Hanover St
Remarks	City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd and 4th of twins
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	February 17th, 1876
4. Place of Birth (Street and Number)	360 N. Dunham Ln
5. Full Name of Mother	Mary A. Wiseman
6. Mother's Maiden Name	" " Wilkinson
7. Mother's Birthplace	Baltimore Co., Md.
8. Full Name of Father	James H. Wiseman
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who make this Return.	M. H. White, M.D.
Address	361 E. Broadway
Remarks	Both Children Strong & healthy 2

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth February 17th 1876

4. Place of Birth (Street and Number) N. Eden St

5. Full Name of Mother Eva Wright

6. Mother's Maiden Name Watts

7. Mother's Birthplace Baltimore City

8. Full Name of Father Mark A. Wright

9. Father's Occupation Actor

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. H. H. White, M.D.

Address 341 N. Broadway

Remarks Healthy

Great Record of Vital Statistics in the City of Baltimore.

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9602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 12 1976

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 17
4. Place of Birth (Street and Number)	30 Fell St
5. Full Name of Mother	Bitty Fodrick
6. Mother's Maiden Name	" Young
7. Mother's Birthplace	Germany
8. Full Name of Father	Thomas Fodrick
9. Father's Occupation	Wharf Builder
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Regina Fleidlage
Address	No 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

96103

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17 February
4. *Place of Birth* (Street and Number) 18 Barnet
5. *Full Name of Mother* Barbora Novck
6. *Mother's Maiden Name* " " Wiscott
7. *Mother's Birthplace* Nadejkov Bohemia.
8. *Full Name of Father* Thos Novck
9. *Father's Occupation* Fishe-man.
10. *Father's Birthplace* Wolsan Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No. 20 Barnet St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9601

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 17th 1876
4. Place of Birth (Street and Number)	Prince St. 156.
5. Full Name of Mother	Margaretha Roemer
6. Mother's Maiden Name	Margaretha Frey
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Roemer
9. Father's Occupation	Schoolmaking Cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Dunker
Remarks	

9605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feby 17 76
4. Place of Birth (Street and Number)	485 N Fremont St
5. Full Name of Mother	Elizabeth R. Albaugh
6. Mother's Maiden Name	Snyder
7. Mother's Birthplace	Springfield Missouri
8. Full Name of Father	Wm. Archibald Albaugh
9. Father's Occupation	Brushmaker
10. Father's Birthplace	Boonsboro Maryland
Name of Medical Attendant, or other Person who makes this Return.	Samuel Enterline M.D
Address	582 W. Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17 Feby 1876.
4. *Place of Birth* (Street and Number) 14 Glenwith St.
5. *Full Name of Mother* Mary Meeter
6. *Mother's Maiden Name* " Graziger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Fridk Meeter
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kohl

Address 324 South Eutaw St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Febuary 17. 1876
4. Place of Birth (Street and Number) 85 Pennsylvania av
5. Full Name of Mother Rozina Cramblett
6. Mother's Maiden Name Rozina Sommer
7. Mother's Birthplace Prince Georg Co Md
8. Full Name of Father Stephen Cramblett
9. Father's Occupation Paper hanger
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 53 N Paca St Balt

Remarks Natural labor

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9608

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 17 Feb. 1876

4. Place of Birth (Street and Number) 14 S. Exeter St.

5. Full Name of Mother Annie Bannicke

6. Mother's Maiden Name " Cordes

7. Mother's Birthplace Germany

8. Full Name of Father George Bannicke

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraight Kifer

Address 51 E. Dual St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race),
3. *Date of Birth* February 17th 1876
4. *Place of Birth* (Street and Number) No 34 Rowe alb
5. *Full Name of Mother* Wilhelmina Huebner
6. *Mother's Maiden Name* " Stetter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Huebner
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bustinann

Address 120 Bank sts.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White.

3. Date of Birth Feby 17th 76

4. Place of Birth (Street and Number) 284 Argyle Ave.

5. Full Name of Mother Olivia Snow.

6. Mother's Maiden Name Olivia Southall

7. Mother's Birthplace Portsmouth Va.

8. Full Name of Father Thomas F. Snow.

9. Father's Occupation Cook.

10. Father's Birthplace Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. John. L. R. Brown. M.D.

Address " " "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9611

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* Feby 19th 1876
4. *Place of Birth* (Street and Number) 156 german st
5. *Full Name of Mother* Jennie Wolz
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Va.
8. *Full Name of Father* William Wolz
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks Balto

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9612

RETURN OF A BIRTH.

HEALTH DEPT. FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17th February 1876
4. *Place of Birth* (Street and Number) 351 Eastern Ave
5. *Full Name of Mother* Elisabetta Wahl
6. *Mother's Maiden Name* Elisabeth Graf
7. *Mother's Birthplace* Oberhausen Hessen
8. *Full Name of Father* Henry Wahl
9. *Father's Occupation*
10. *Father's Birthplace* Augustaut Hessia

Name of Medical Attendant, or other Person who makes this Return. H. Loderer

Address #223 S. Linthan St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* 17 of Feburg 1879
4. *Place of Birth* (Street and Number) No 50 Eutaw st
5. *Full Name of Mother* Leate Thon,
6. *Mother's Maiden Name* Leate Standstill,
7. *Mother's Birthplace* is Germeny
8. *Full Name of Father* Christyn Thon,
9. *Father's Occupation* a Sealor
10. *Father's Birthplace* in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Thom Engelolinger,

Address No 14 Miner st,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

96111

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth.	Feb 17 th 1876
4. Place of Birth (Street and Number)	No 6 Park st.
5. Full Name of Mother	Wilhelmine Reich
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	Emil Reich
8. Full Name of Father	
9. Father's Occupation	Baker
10. Father's Birthplace	both from Germany.
Name of Medical Attendant, or other Person who makes this Return.	D. Schneider mid wife
Address	212 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th February
4. Place of Birth (Street and Number)	Battery Av. No. 82.
5. Full Name of Mother	Lena Selzinger.
6. Mother's Maiden Name	Lena Ulrich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Selzinger
9. Father's Occupation	Clerk at the Baltimore News.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9616

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 17/76
4. Place of Birth (Street and Number)	26 Sterling St
5. Full Name of Mother	Sarah Collins
6. Mother's Maiden Name	" Sawyer
7. Mother's Birthplace	Frederick City
8. Full Name of Father	George Francis Collins
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Ursula A. Chrismer
Address	129 E. Monument St
Remarks	

9617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 17/76
4. Place of Birth (Street and Number)	No 1 Wilcox St
5. Full Name of Mother	Ellen Kelcher
6. Mother's Maiden Name	" Corgan
7. Mother's Birthplace	County Cork Ireland
8. Full Name of Father	Michael Kelcher
9. Father's Occupation	Ice Cart Driver
10. Father's Birthplace	Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula A. Chrismer
Address	129 E. Monument St.
Remarks	

Extract Regulations of the Board of Health relative to securing a Correct Record of Vital Statistics in the City of Baltimore.

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9618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	She sixth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 17th
4. Place of Birth (Street and Number)	No 356 N Durham St
5. Full Name of Mother	Anna Pippard
6. Mother's Maiden Name	Snyder
7. Mother's Birthplace	Balto city
8. Full Name of Father	George Thos. Benton Pippard
9. Father's Occupation	Fireman City Hall
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	C. J. Klueber M.D.
Address	222 N. Broadway
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics.

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9619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The seventh
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 17th
4. Place of Birth (Street and Number)	N. 566 Aisquith St.
5. Full Name of Mother	Julia Elizabeth Shenkells
6. Mother's Maiden Name	Lang
7. Mother's Birthplace	Bells County, Md
8. Full Name of Father	Richard K. Shenkells
9. Father's Occupation	Coal Dealer
10. Father's Birthplace	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kluckes M D
Address	222 N. Broadway
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 17th 1876
4. Place of Birth (Street and Number)	172 Ost. Eleventh St.
5. Full Name of Mother	Frederika Madame
6. Mother's Maiden Name	Mast
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry C. Mast
9. Father's Occupation	Tanner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudiger
Address	134 N. Bond St.
Remarks	

Extract Regulations of the Board of Health in relation to Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics is required by Law.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96221

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb 17th
4. *Place of Birth* (Street and Number)	200 Mulberry St.
5. *Full Name of Mother*	Susie Hanaway
6. *Mother's Maiden Name*	Susie Riley
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jas H. Hanaway
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St.
Remarks	Child-healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9622

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 16 Februar
4. *Place of Birth (Street and Number)* 12 Lexington Alley
5. *Full Name of Mother* Margareta Schmid
6. *Mother's Maiden Name* Margareta Koenig
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Ludwig Schmid
9. *Father's Occupation* Bäcker
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catherine Müller

Address 74 Lexington Alley

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

964

9623

FEB 23 1976

BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex* (state whether Male or Female) Male child
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19 February
4. *Place of Birth* (Street and Number) 352 Lafond Street
5. *Full Name of Mother* Lina Lenz
6. *Mother's Maiden Name* Lina Gerhardt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Emil Lenz
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Theresa Klein

Address 74 Hartsfield Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

96211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 end Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 17 Th 1876
4. Place of Birth (Street and Number)	No 108 West st.
5. Full Name of Mother	Magda Fischer
6. Mother's Maiden Name	Schuch
7. Mother's Birthplace	America
8. Full Name of Father	Henrey Fischer
9. Father's Occupation	Boy maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schoeaser midwife
Address	213 Cross st.
Remarks	

Earliest Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 17th February
4. Place of Birth (Street and Number) No 16 Green mount Ave
5. Full Name of Mother Mary Magdalene Hall
6. Mother's Maiden Name do do Hoopes
7. Mother's Birthplace Baltimore
8. Full Name of Father Augustus A Hall.
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge

Address

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9626

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 18th 6 1/2 A.M. Boy 1876
4. *Place of Birth (Street and Number)* 239 S. Wolf St.
5. *Full Name of Mother* Georgeanna Degenfritz
6. *Mother's Maiden Name* Georgeann Richardson
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jackson Van Buren Degenfritz
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 299 E Balto, St.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 6d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febury 4th 18 1876
4. *Place of Birth (Street and Number)* No 13 Hall st
5. *Full Name of Mother* Mr Maggie Newman
6. *Mother's Maiden Name* Everett
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Mr Joseph Newman
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harrington

Address do do 40 Ensor st

Remarks

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rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 20 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male ~~or Female~~) White

2. Race or Color (if not of the white race)

3. Date of Birth Feb 18th 76

4. Place of Birth (Street and Number) Scott St, No Number

5. Full Name of Mother Annie M Kramer

6. Mother's Maiden Name Leary

7. Mother's Birthplace Queens Co Ireland

8. Full Name of Father John G Kramer

9. Father's Occupation Machinist

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. A. Kenney

Address 76 Scott St

Remarks

Extract from Ordinance of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 18
4. Place of Birth (Street and Number)	No 211 S. Bond St
5. Full Name of Mother	Louise Frederick
6. Mother's Maiden Name	" Mann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Frederick
9. Father's Occupation	Labor
10. Father's Birthplace	Hannover
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

9630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1970 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) Boy

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 18 February

4. *Place of Birth* (Street and Number) 72 Washington Str

5. *Full Name of Mother* Karoline Klima

6. *Mother's Maiden Name* " " Schimanek

7. *Mother's Birthplace* Saaz Böhmen

8. *Full Name of Father* Jos. Klima

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Kaaden Böhmen

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address c/o 12 W Baltimore St

Remarks

Earliest Registration of Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	female race
2. Race or Color (if not of the white race)	american Race
3. Date of Birth	February 18th 187[illegible]
4. Place of Birth (Street and Number)	Little Mc. Elderry St # 17
5. Full Name of Mother	Amilie Kunchild
6. Mother's Maiden Name	" " Kuno
7. Mother's Birthplace	Prussia Europe
8. Full Name of Father	John Kunchild
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bayers Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Rolling
Address	48 Holland St Balti City
Remarks	

Extract from Registration Law, and Rules and Regulations for the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 29 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Third
1. Sex (*state whether Male or Female*)	[redacted]
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Dec 18th 1876
4. Place of Birth (*Street and Number*)	34) Lexington St
5. Full Name of Mother	Bettie Van Meter
6. Mother's Maiden Name	Bettie Williams
7. Mother's Birthplace	Hardy Co Va
8. Full Name of Father	R Beall Van Meter
9. Father's Occupation	Farmer
10. Father's Birthplace	Hardy Co Va
Name of Medical Attendant, or other Person who makes this Return.	W G Requardt MD
Address	1) N Calhoun St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 18. 1875
4. Place of Birth (Street and Number)	321 Lexington St.
5. Full Name of Mother	Kate Ryan
6. Mother's Maiden Name	Jones
7. Mother's Birthplace	City
8. Full Name of Father	George W. Ryan
9. Father's Occupation	Broker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return	W. A. B. Sellman M.D.
Address	S. W. Cor. Laurale & Carrollton Ave.
Remarks	

Extract from Ordinance No. 1, approved March 1, 1875, entitled "An Ordinance for the Correct Registration of Vital Statistics in the City of Baltimore."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MD
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 18th 1876
4. *Place of Birth* (Street and Number) N 151 N Charles St
5. *Full Name of Mother* Olivia Cushing Turnbull
6. *Mother's Maiden Name* Olivia Cushing Whitridge
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander Nesbit Turnbull
9. *Father's Occupation* Cotton Broker
10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M.D

Address N 116 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

96135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. Sex (*state whether ~~Male~~ or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth February 8th, 1876.

4. Place of Birth (*Street and Number*) 128 Park Ave.

5. Full Name of Mother Ida Virginia Hodges

6. Mother's Maiden Name Ida V. Hodges

7. Mother's Birthplace Baltimore Md

8. Full Name of Father St. George Williamson Hodges

9. Father's Occupation Physician

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Mad. Ave

Remarks Vertex presentation, 1st position, natural labor.

9636

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh Child.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth 18th February.

4. Place of Birth (Street and Number) Baltimore No 62 Cross Street.

5. Full Name of Mother Ann Rebecca Sedecum

6. Mother's Maiden Name Wade

7. Mother's Birthplace Balto " County

8. Full Name of Father Benjamin Sedecum

9. Father's Occupation Policeman

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St

Remarks A healthy baby

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 Feby 1876.
4. Place of Birth (Street and Number)	133 Hamburg St.
5. Full Name of Mother	Maria Izzy
6. Mother's Maiden Name	Richard
7. Mother's Birthplace	Gross Herzogthum Wertemburgh Germany
8. Full Name of Father	Joseph Izzy
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return	Mary Kirk
Address	328 South Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPARTMENT
FEB 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 18th 1876
4. *Place of Birth* (Street and Number) No. 14 Mc Elderry St
5. *Full Name of Mother* Cate McGee
6. *Mother's Maiden Name* Cate Lee
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph McGee
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Howard Co

Name of Medical Attendant, or other Person who makes this Return. Eliza J. Mosher

Address

Remarks Child Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9639

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 1.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 18th 76
4. Place of Birth (Street and Number)	333 E Chas St
5. Full Name of Mother	Virginia Carver
6. Mother's Maiden Name	B. Fairchild
7. Mother's Birthplace	Balto Co
8. Full Name of Father	Francis Tyler Carver
9 Father's Occupation	Merchant Tailor
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Dr. G. Worrayson
Address	18 Aisquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 18 th 1876
4. Place of Birth (Street and Number)	199 " Gough "
5. Full Name of Mother	Amanda Newkirk
6. Mother's Maiden Name	Amanda Kirby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Newkirk
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	193 South Chester St
Address	Mrs Elizabeth Frey
Remarks	Healthy Child

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

964

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 18th 1876
4. *Place of Birth* (Street and Number) 119 Belcher alley
5. *Full Name of Mother* Mary Barton
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father* Levy Barton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac County Va

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9612

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 February
4. *Place of Birth (Street and Number)* No 49 Granby Street
5. *Full Name of Mother* Katheren Mansmon
6. *Mother's Maiden Name* Bakhorn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lahnhard Mansman
9. *Father's Occupation* Cigarmanufakturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon.

Address No 90 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 Febuary
4. Place of Birth (Street and Number)	40 S. Saratoga Street
5. Full Name of Mother	Meary Lizzie Coklingkost
6. Mother's Maiden Name	Meary Lizzie Shage
7. Mother's Birthplace	Germany
8. Full Name of Father	John Göklengkost 1
9. Father's Occupation	Tarern 1
10. Father's Birthplace	Germing
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	412 10 Granby Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

96 114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
1896
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 18 February

4. *Place of Birth* (*Street and Number*) 173 William St.

5. *Full Name of Mother* Mary Augusta Kerkwood

6. *Mother's Maiden Name* Mary Augusta Selige

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Wm. Frank Henry Kerkwood

9. *Father's Occupation* Fish dealer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Doctor Barrington

Address

Remarks

9643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d child
1. Sex (state whether Male or Female)	a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th of February 1876
4. Place of Birth (Street and Number)	274 East Fayette
5. Full Name of Mother	Anni Lizbeth Lardi
6. Mother's Maiden Name	Anni Lizbeth Tailor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lembert Herman Tailor
9. Father's Occupation	Tailer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Presentje Kunkel for John Kunkel
Address	71 North Chappel St
Remarks	Healty

Penalties in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6. Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 18. of ~~February~~ & February
4. *Place of Birth (Street and Number)* Cliff St No 220
5. *Full Name of Mother* Johanna Graul
6. *Mother's Maiden Name* Johanna Jaffit
7. *Mother's Birthplace* Gbl. in Nürnberg in Bayern
8. *Full Name of Father* Ludwig Graul
9. *Father's Occupation* Tischler
10. *Father's Birthplace* Gbl. in Emmerstetten in Bayern

Name of Medical Attendant, or other Person who makes this Return. Wirbinger Miller

Address Sterling St No 165.

Remarks

Chase

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col'd
3. Date of Birth	Feby 18th 1876
4. Place of Birth (Street and Number)	82 Burgundy alley
5. Full Name of Mother	Rosetta Moore
6. Mother's Maiden Name	" Bean
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jeremiah Moore
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. Ellman
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from the Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

96148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 8th

1. *Sex (state whether Male or Female)* Male Infant
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born on the 18th of Feb. 1916
4. *Place of Birth (Street and Number)* No 1017 West Ross St.
5. *Full Name of Mother* Isabella Schaffer
6. *Mother's Maiden Name* A. Smith
7. *Mother's Birthplace* Born in the City of Baltimore
8. *Full Name of Father* Herman Schaffer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address 57 Inglewood St.

Remarks

9649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 18th/76
4. Place of Birth (Street and Number)	477 Aisquith St
5. Full Name of Mother	Kate Powers
6. Mother's Maiden Name	" Fagan
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Wm Powers
9. Father's Occupation	Car Conductor
10. Father's Birthplace	Prince Edwards Island
Name of Medical Attendant, or other Person who makes this Return.	Jno Booth Biglin M.D.
Address	168 E. Eager st
Remarks	

HEALTH DEPARTMENT FEB 1876 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9650

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 18th/76
4. Place of Birth (Street and Number)	57 Valley st.
5. Full Name of Mother	Mary Kennedy
6. Mother's Maiden Name	" Burt
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Kennedy
9. Father's Occupation	Plasterer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Burke Boyle M. D.
Address	166 Eager st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Feb 18th 1875
4. *Place of Birth* (*Street and Number*) Cor N. Charles St
5. *Full Name of Mother* Catherine A Sansbury
6. *Mother's Maiden Name* Catherine A Workman
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John McSansbury
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* A A Co Md

Name of Medical Attendant, or other Person who makes this Return. James H Chenoweth M D

Address 93 Park ave

Remarks Natural.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) ..... feburay 18 1876.

1. *Sex* (state whether ~~Male~~ or Female) .....
2. *Race or Color* (if not of the ~~white race~~) ..... Colared
3. *Date of Birth* ..... feburay 18 1876 - Still Born
4. *Place of Birth* (Street and Number) ..... No51 David st
5. *Full Name of Mother* ..... Lucy Bowdeling
6. *Mother's Maiden Name* ..... Lucy Henry
7. *Mother's Birthplace* ..... W Va ~~West Maland~~ Va
8. *Full Name of Father* ..... George T Bowdeling
9. *Father's Occupation* ..... Waiter
10. *Father's Birthplace* ..... Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. ..... Thos C md

Address ..... No23 Bath st

Remarks .....

9633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 19th 2 1/2 A. M. 1876

4. Place of Birth (Street and Number) 105 S. Bond St

5. Full Name of Mother Mary Manley Potter

6. Mother's Maiden Name Mary Manley Connolly

7. Mother's Birthplace Baltimore City

8. Full Name of Father Benj. Frances Potter

9. Father's Occupation Mechanic

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M D

Address 299 E. Baltimore St

Remarks

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether ~~Male~~ or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 19th 76
4. *Place of Birth (Street and Number)* 207 Eight
5. *Full Name of Mother* Margaret Bucke
6. *Mother's Maiden Name* Bolee
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George H Burke
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Kenney

Address 766 Racehoff

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
22
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 19
4. Place of Birth (Street and Number)	338 Canton Av.
5. Full Name of Mother	Regina Schugell
6. Mother's Maiden Name	" Gübery
7. Mother's Birthplace	Baden
8. Full Name of Father	George Schugell
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 17th February

4. *Place of Birth (Street and Number)* Dicker St. No 15.

5. *Full Name of Mother* Mary McEntire

6. *Mother's Maiden Name* Mc Court

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* James McEntire

9. *Father's Occupation* Flagsman

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Cooley

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	No 19 Butlers al.
4. Place of Birth (Street and Number)	Feb 27 th 1876
5. Full Name of Mother	Mary Herchenhahn Müller
6. Mother's Maiden Name	
7. Mother's Birthplace	America
8. Full Name of Father	Cristoph Herchenhahn.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	013 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9655

BIRTH DEPARTMENT
FEB
76
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 19th 1876
4. *Place of Birth (Street and Number)* 193 Linden Ave
5. *Full Name of Mother* Rachel Baker
6. *Mother's Maiden Name* " Jordan
7. *Mother's Birthplace* Lexington Virginia
8. *Full Name of Father* George Brainard Baker
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. L. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9659

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19 1876
4. Place of Birth (Street and Number)	2043 Eutaw Av
5. Full Name of Mother	Anna E Stewart
6. Mother's Maiden Name	Mahrer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Johnell Stewart
9. Father's Occupation	Lumber Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D L Preen M D
Address	81 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 19th 1876
4. Place of Birth (Street and Number)	No 18 Rock St.
5. Full Name of Mother	Louisa Zarnitz
6. Mother's Maiden Name	Louisa Kessler
7. Mother's Birthplace	Hauingen Germany J.
8. Full Name of Father	August Zarnitz
9. Father's Occupation	Tailor
10. Father's Birthplace	Würgassen. Prussia.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunkle
Address	60 Hanover
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 19th 1876
4. Place of Birth (Street and Number)	No 67 Madeira Alley
5. Full Name of Mother	Maggreth Geck
6. Mother's Maiden Name	" Reis
7. Mother's Birthplace	Germany
8. Full Name of Father	Ignatius Geck
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	128 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 29 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuary 19th 1876.
4. *Place of Birth (Street and Number)* 409 Eutaw Place Baltimore - Md.
5. *Full Name of Mother* Susan L. Levering
6. *Mother's Maiden Name* Susan L Seiget
7. *Mother's Birthplace* Philadelphia -
8. *Full Name of Father* Thomas Henry Levering
9. *Father's Occupation* Merchant -
10. *Father's Birthplace* Baltimore Mayland

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell MD

Address 306 Madison Avenue -

Remarks

9663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. FEB 20 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* February 17th 1876
4. *Place of Birth (Street and Number)* Eden St. # 91.
5. *Full Name of Mother* Rosalie Claus.
6. *Mother's Maiden Name* " " Fuge
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Einhart Claus
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Hamburg Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Wellington

Address 48 Holland St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.—

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96611

REGISTERED
FEB
29
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	19th Feby 1876
4. Place of Birth (Street and Number)	86 Marshall St
5. Full Name of Mother	Mary Foster
6. Mother's Maiden Name	Mary Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Foster
9. Father's Occupation	Sea Captain
10. Father's Birthplace	Mass.
Name of Medical Attendant, or other Person who makes this Return.	H H Webster
Address	57 Bank
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 19th 1876
4. Place of Birth (Street and Number)	No. 93 N. Ann St.
5. Full Name of Mother	Mrs. Eva Rebecca Lewis
6. Mother's Maiden Name	Eva Rebecca Neal
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Mr. James T. Lewis
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm H. Clendinen
Address	No. 93 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 19th 1876
4. *Place of Birth (Street and Number)* N° Park Ave
5. *Full Name of Mother* Rosa R. McNally
6. *Mother's Maiden Name* Rosa R. Reardon
7. *Mother's Birthplace* Norfolk Va
8. *Full Name of Father* Henry R. McNally
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D.

Address N° 114 Park Ave.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 19th February 1876

4. Place of Birth (Street and Number) 22 Carlisle St.

5. Full Name of Mother Mary Dixe Hamrick

6. Mother's Maiden Name Baltimore

7. Mother's Birthplace Charles Saxe Lewis

8. Full Name of Father Baltimore

9. Father's Occupation Sarah Casper

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address 52 E Lombard St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 19th 1876
4. Place of Birth (Street and Number)	No 112 William St
5. Full Name of Mother	M - A. Glover
6. Mother's Maiden Name	M. A. Thumlert
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Glover
9. Father's Occupation	Merchant
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M D
Address	17 Warren Av.
Remarks	City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th /

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of Feby. 1876
4. *Place of Birth (Street and Number)* 108 N. Caroline st.
5. *Full Name of Mother* Maggie Ford
6. *Mother's Maiden Name* Maggie Cunningham
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jas H. Ford
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. May Walter

Address 125 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 19th Feb. 1876
4. *Place of Birth* (*Street and Number*) 49 Castle st.
5. *Full Name of Mother* Magdelena Gittings
6. *Mother's Maiden Name* Magdelena Soldan
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* H. J. Gittings
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walton

Address 126 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb. 19 1876

4. Place of Birth (Street and Number) No 68 North Gay St Balto

5. Full Name of Mother Appalonia Hazel

6. Mother's Maiden Name Appalonia Schwing

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father Philip Hazel

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	19 February
4. *Place of Birth* (Street and Number)	276 S. Bond Street
5. *Full Name of Mother*	Rosa Mc. Paul
6. *Mother's Maiden Name*	Rose Mueller
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Peter Mc. Paul
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 208 South Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) G. T.

1. *Sex* (state whether Male or Female) Child

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Feb 19th 1876.

4. *Place of Birth* (Street and Number) 331 S. Gay St.

5. *Full Name of Mother* Amelia Rogers

6. *Mother's Maiden Name* Schultz

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Charles Jones

9. *Father's Occupation* Barber

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary K Rutledge

Address 134 E Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

76,714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 1,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Jan. 19th 1876
4. *Place of Birth (Street and Number)* No. 48 N. High St.
5. *Full Name of Mother* Mary Virginia Gibson
6. *Mother's Maiden Name* " " Glover
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Rowland Goodlow Gibson
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. W. Grayson

Address 18 Aisquith St

Remarks

9675

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 R

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 Feby 1876
4. *Place of Birth (Street and Number)* 22 Hanover N.
5. *Full Name of Mother* Anna M. Gret
6. *Mother's Maiden Name* A. M. Hofler
7. *Mother's Birthplace* Wirtemburg
8. *Full Name of Father* Charles Gret
9. *Father's Occupation*
10. *Father's Birthplace* Darmstadt Hessen

Name of Medical Attendant, or other Person who makes this Return. R. Leederer

Address 221 Durham St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 19 of Febry 1876,
4. *Place of Birth (Street and Number)* No 34 Penna Avenue,
5. *Full Name of Mother* Emma Waters,
6. *Mother's Maiden Name* Emma Leech,
7. *Mother's Birthplace* is Baltimore,
8. *Full Name of Father* Chas Waters,
9. *Father's Occupation* a Carpenter
10. *Father's Birthplace* is Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelbrecht

Address No 14 Main St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

2d

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or~~ Female) White.
2. Race or Color (if not of the white race)
3. Date of Birth July 19th 1876.
4. Place of Birth (Street and Number) 132 Gay st.
5. Full Name of Mother Emma L. Fasbender.
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father Samuel B. Sexton Jr.
9. Father's Occupation Manufacturer of Shoes, Uppers, &c
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John L. R. Wyeth, M.D.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2678

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 19 of February
4. *Place of Birth* (Street and Number) Central Avenue No 190
5. *Full Name of Mother* Anna Barbara Bauer
6. *Mother's Maiden Name* Anna Barbara Hallamayer
7. *Mother's Birthplace* born in Ebenbach Baiern
8. *Full Name of Father* John Bauer
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* born in Baltimore

Name of Medical Attendant, or other Person who makes this Return Wilhelmina Miller

Address Sterling St No 165.

Remarks

RETURN OF A BIRTH.

9679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	American
3. Date of Birth	Feb 19th 1876
4. Place of Birth (Street and Number)	N. Calhoun St extended No 6.
5. Full Name of Mother	Ella M. Klunk
6. Mother's Maiden Name	Ella M. Sheets
7. Mother's Birthplace	Silver Run Carroll Co Md.
8. Full Name of Father	Martin L. Klunk
9 Father's Occupation	Iron Moulder
10. Father's Birthplace	Adams Co Penn
Name of Medical Attendant, or other Person who makes this Return.	L. G. Spanow
Address	N. Carey St - No 428
Remarks	Child healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 19th February

4. Place of Birth (Street and Number) 195 Holliday Street

5. Full Name of Mother Sarah E Preston

6. Mother's Maiden Name Sarah E Stokes

7. Mother's Birthplace Woodberry Baltimore Co Md

8. Full Name of Father Robert F Preston

9. Father's Occupation Painter

10. Father's Birthplace Hartford Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address 104 Lurley Street Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	~~—~~ Male
2. Race or Color (if not of the white race)	African
3. Date of Birth	~~—~~ Feby 14th 1896
4. Place of Birth (Street and Number)	84 St Mary's St Balto. City
5. Full Name of Mother	Emily Ann Sharp —
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Cambridge — Maryland
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Adolph H. Powell M.D.
Address	87 Franklin St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb. 21st 1876.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 19th 1876
4. *Place of Birth (Street and Number)* No 310 Olan St.
5. *Full Name of Mother* Lizzie ~~Haus~~ Whiteman.
6. *Mother's Maiden Name* Lizzie Haus.
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* John Whiteman.
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Smead.

Address No 137 S Wolfe St.

Remarks C

C

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febr 19/76.
4. Place of Birth (Street and Number)	Durham st. No. 192
5. Full Name of Mother	Eliza Schwanker
6. Mother's Maiden Name	Eliza Lang
7. Mother's Birthplace	Prussia Germ.
8. Full Name of Father	Wm Schwanker
9. Father's Occupation	Laborer
10. Father's Birthplace	West. Prussia Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte Jr
Address	Midwife
Remarks	No. 320 Allicanna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 children
1. Sex (state whether Male or Female)	last a girl
2. Race or Color (if not of the white race) color	White
3. Date of Birth	19 of February 1876
4. Place of Birth (Street and Number)	~~306~~ 360 North Fayette
5. Full Name of Mother	Marian Gaveler
6. Mother's Maiden Name	Marian Stoker
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Gaveler
9. Father's Occupation	Laborman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address 71	North chappel st for John Kunkel
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

9685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (~~state whether Male or Female~~)	White.
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feby 19th 76.
4. *Place of Birth* (Street and Number)	389 Lexington St.
5. *Full Name of Mother*	Caulin Belcastro,
6. *Mother's Maiden Name*	Caulyn Seliger.
7. *Mother's Birthplace*	Balto City.
8. *Full Name of Father*	David Bonbonni,
9. *Father's Occupation*	Fine Arts
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. R. Buzzard M.D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 children

1. Sex (state whether Male or Female) Last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth born the 20th of February 1876

4. Place of Birth (Street and Number) 373 Eastern Avenue

5. Full Name of Mother Kate Shiber

6. Mother's Maiden Name Kate Sunti

7. Mother's Birthplace Germany

8. Full Name of Father Charley Suhtis

9. Father's Occupation Blacksmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crezentia Kunkel

Address 71 North chappel st Dr John Kunkel

Remarks Delicat

Legal Registration of Births in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febr. 20th/76.
4. Place of Birth (Street and Number)	Canton ave No. 363
5. Full Name of Mother	Pauline Schürman
6. Mother's Maiden Name	Pauline Hezel
7. Mother's Birthplace	Prussia-Germ.
8. Full Name of Father	Henry Schürmann
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultze
Address	Patterson Pk
Remarks	320 Albemarle st

rect Record of Vital Statistics in the City of Baltimore.

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9685

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20 1876
4. *Place of Birth (Street and Number)* 126 Liberty alley
5. *Full Name of Mother* Margaret Garvin
6. *Mother's Maiden Name* " Leyons
7. *Mother's Birthplace* Galway Ireland
8. *Full Name of Father* Matthew Garvin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Tipperary Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 179 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 20th 1896
4. *Place of Birth* (Street and Number) 3 Neighbor St
5. *Full Name of Mother* Mary Lyons
6. *Mother's Maiden Name* Heffner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Lyons
9. *Father's Occupation* Marble Polisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F Chrismer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb. 28th 76
4. *Place of Birth* (Street and Number) # 205 N. Durham. st.
5. *Full Name of Mother* Eliza Jackson
6. *Mother's Maiden Name* Wilson
7. *Mother's Birthplace* Easton Md.
8. *Full Name of Father* Jarrett Jackson
9. *Father's Occupation* Founder
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. B. O'Reilly. M. D.

Address # 236. N. Broadway.

Remarks Placenta Praevia. — Eclampsia

Child. weighing 18½ lbs.

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Colored first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	20 Feb 1876
4. Place of Birth (Street and Number)	No 103 Eastern Avenue
5. Full Name of Mother	Amanda Whiller
6. Mother's Maiden Name	Amanda Jelley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James M Whiller
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Leah Walker
Address	No 191 Eastern Avenue
Remarks	

This child lived on four days & died in Space

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9692

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th of February
4. *Place of Birth (Street and Number)* 99 S. Chapel St.
5. *Full Name of Mother* B. Thein
6. *Mother's Maiden Name* B. Fisher
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Henry Thein
9. *Father's Occupation* Tailor
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. H. Loeder

Address 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 20th 1876
4. Place of Birth (Street and Number)	322 Pearl
5. Full Name of Mother	Louisa Fox
6. Mother's Maiden Name	Louisa Peipa
7. Mother's Birthplace	Germany
8. Full Name of Father	Patrick Fox
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gedyke
Address	55 South Bond St
Remarks	

RETURN OF A BIRTH.

7691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male ~~or Female~~) .....
2. Race or Color (if not of the white race) White
3. Date of Birth February 20th 1876
4. Place of Birth (Street and Number) S. Central Av. No. 172
5. Full Name of Mother Wing Murray
6. Mother's Maiden Name Wing Nash
7. Mother's Birthplace Baltimore City
8. Full Name of Father Michel Murray
9. Father's Occupation Laborer
10. Father's Birthplace King County Th. Gr. Brittanien Europe

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether Male or Female)	Femal
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 20 th 1876
4. Place of Birth (Street and Number)	No 104 South Chapel st
5. Full Name of Mother	Margaret Garvey
6. Mother's Maiden Name	Margaret Murry
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Garvey
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Chester st
Remarks	Kellys Child

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st & 9.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 20. 76
4. Place of Birth (Street and Number)	No. 5 Young St
5. Full Name of Mother	Elizabeth Hulls
6. Mother's Maiden Name	" Rodgers
7. Mother's Birthplace	Balto City
8. Full Name of Father	Saml. Hulls
9 Father's Occupation	Oyster Shucker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Dr. Geo. W. Grayson,
Address	No. 18 Aliquippa St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, wife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 20th of Feb. 1870
4. *Place of Birth (Street and Number)* 135 N. Dallas st
5. *Full Name of Mother* Manda Waisham
6. *Mother's Maiden Name* Manda Samson
7. *Mother's Birthplace* ~~Maryland~~ Waisham Baltimore
8. *Full Name of Father* Isaac Waisham
9. *Father's Occupation* Water
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	February 20th 1876
4. *Place of Birth* (Street and Number)	No. 2 North Eoppleton St.
5. *Full Name of Mother*	Kate O'Loughlin.
6. *Mother's Maiden Name*	Kate Kerr.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John O'Loughlin
9. *Father's Occupation*	Can. Maker
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Wennebergu
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February 20th 1876
4. *Place of Birth* (Street and Number)	73 N. Liberty St
5. *Full Name of Mother*	Sarah Tabitha Welch
6. *Mother's Maiden Name*	Sarah Tabitha Keys
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Dr Warren Welch
9. *Father's Occupation*	Dentist
10. *Father's Birthplace*	Boston (Mass)
Name of Medical Attendant, or other Person who makes this Return.	Mrs Zimmerberger
Address	23 N Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10th February 1876
4. *Place of Birth (Street and Number)* 13 Kelly St
5. *Full Name of Mother* Ingeth Schleier
6. *Mother's Maiden Name* Freitag
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Schleier
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpet

Address 58 E Lombard St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
22
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 26th February 1876

4. Place of Birth (Street and Number) 287 Lombard St

5. Full Name of Mother Magdalena Krieger

6. Mother's Maiden Name Becker

7. Mother's Birthplace Baltimore

8. Full Name of Father John H. Krieger

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany South Carolina

Name of Medical Attendant, or other Person who makes this Return.

Address 52 E. Lombard St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 20 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 20th 1876
4. Place of Birth (Street and Number)	142 S. Fremont St
5. Full Name of Mother	Mary B. Schuster
6. Mother's Maiden Name	Mary B. Boer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schuster
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Ad Golburn
Address	166 S. Paca St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether Male or Female) 4th Children female

2. Race or Color (if not of the white race) White

3. Date of Birth 20 of Feb 1876

4. Place of Birth (Street and Number) Vanna st ~~No~~ 102

5. Full Name of Mother Josiena ~~Trumann~~ Miller

6. Mother's Maiden Name Josiena ~~Miller~~ Burmann

7. Mother's Birthplace Hanofar

8. Full Name of Father Conrad Miller

9. Father's Occupation ~~Carthman~~ Blacksmith

10. Father's Birthplace Carthman

Name of Medical Attendant, or other Person who makes this Return. Mrs Dr. Steine

Address No. 32. Liorenha Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Caled
3. Date of Birth	~~H~~ Feb 29 1876
4. Place of Birth (Street and Number)	Hardon court No 20
5. Full Name of Mother	ity Bell
6. Mother's Maiden Name	ity Washington
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Charles Washington
9. Father's Occupation	oyster shucker
10. Father's Birthplace	virginia
Name of Medical Attendant, or other Person who makes this Return.	Maria potter
Address	Midwife
Remarks	residence 191 Hughes steet

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9705

HEALTH DEPARTMENT FEB 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) _____

1. *Sex* (state whether Male or Female) Männlich
2. *Race or Color* (if not of the white race) Weiss
3. *Date of Birth* 26 Februar
4. *Place of Birth* (Street and Number) 252 Forrest Street
5. *Full Name of Mother* Katharine Limburg
6. *Mother's Maiden Name* Lutgen
7. *Mother's Birthplace* Luxemburg
8. *Full Name of Father* Peter Limburg
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Katharine Weiss

Address 711 Lombard Street

Remarks

9706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20th 1876
4. *Place of Birth (Street and Number)* No Chapple St. on corner Eager
5. *Full Name of Mother* Mrs. Helena
6. *Mother's Maiden Name* Mrs. Delphis
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Wilhelm
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. M. A. Burt.

Address No 209 Monument St. Cor. Central Ave. Baltimore Md.

Remarks Bathwell

RETURN OF A BIRTH.

9707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Feb 20th 76
4. *Place of Birth* (*Street and Number*) 8 Scott st — no number
5. *Full Name of Mother* Mary E Sullivan
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* B City
8. *Full Name of Father* Chas E Sullivan
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* B city

Name of Medical Attendant, or other Person who makes this Return. I Hennessy

Address 76 E Pratt St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

MAR

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 20 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 20th 76

4. Place of Birth (Street and Number) 107 E Fountain St

5. Full Name of Mother Ida E Franklin Gray

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father Benjamin P Franklin

9. Father's Occupation Cigar Maker

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. M Hurley

Address 76 E Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 27th of Feb 1876
4. *Place of Birth (Street and Number)* Cook St. Balti
5. *Full Name of Mother* Virginia Murray
6. *Mother's Maiden Name* Virginia Turner
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Murray
9. *Father's Occupation* Painter & Oil Cloth Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. S. [illegible]

Address 11 Randolph St. Near Hoe & Co

Remarks Baltimore City

RETURN OF A BIRTH.

7110

To the Office of Registrar of Vital Statistics, Board. of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~No 356 N. Stricker St~~ Feb: 21st
4. Place of Birth (Street and Number)	No 356 N. Stricker St
5. Full Name of Mother	Caroline A. Hansbury
6. Mother's Maiden Name	Caroline A. Black
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Theodore Hansbury
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Child - Legitimate

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1875 BALTIMORE

9711

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 February
4. Place of Birth (Street and Number)	No 79 Granby Street
5. Full Name of Mother	Laura M Mitchel
6. Mother's Maiden Name	Laura M Bolton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Luther Mitchel
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No 70 Granby Street
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9712

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st February 1876
4. Place of Birth (Street and Number)	16 Thompson St
5. Full Name of Mother	Elizabeth Amanda Parker Gray
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Parker
9. Father's Occupation	Cooper
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrismer
Address	129 E Monument St
Remarks	

9713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 st February
4. Place of Birth (Street and Number)	West St. No. 76
5. Full Name of Mother	Frances Snyder
6. Mother's Maiden Name	Frances Thurman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Snyder
9. Father's Occupation	Tupper by Trade
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wes Martin
Address	West St. No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
24
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	21 Feb 1876
4. *Place of Birth* (Street and Number)	35 E Fayette St.
5. *Full Name of Mother*	Barbara Sponheimer
6. *Mother's Maiden Name*	" Fleck
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Geo. Sponheimer
9. *Father's Occupation*	Brass-Worker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gerhard H. Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 21st 1876
4. Place of Birth (Street and Number)	No. 35 N Frederick Street
5. Full Name of Mother	Josephine Buckmeyer
6. Mother's Maiden Name	" " Kaehof
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Julius Buckmeyer
9. Father's Occupation	Bakery
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 E Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 21st 76
4. Place of Birth (Street and Number)	145 E. Chew St
5. Full Name of Mother	Elizabeth Ann Slade
6. Mother's Maiden Name	Ridley
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	Abraham Slade
9 Father's Occupation	Huckster
10. Father's Birthplace	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	D. G. H. Mayer
Address	18 Chesapeake St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9717

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 children

1. *Sex* (state whether Male or Female) Last a girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* born the 21 of February 1876
4. *Place of Birth* (Street and Number) 4 North Wanderman Alley
5. *Full Name of Mother* Fedrika Fleish
6. *Mother's Maiden Name* Fredrika Lutz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Lutz
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 Northcoppel st for John Kunkel

Remarks Healthy

Correct Record of Vital Statistics in the City of Baltimore.

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9715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Feb 21st 1876.

4. *Place of Birth* (Street and Number) 1 Pr Alley E of Aisquith

5. *Full Name of Mother* Mary Stock.

6. *Mother's Maiden Name* " Eckes

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Theodore A Stock

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. (Mary R Rodiger)

Address 34 N. Bond st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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9719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Bright Mulatto
3. Date of Birth	2nd Feby 1876
4. Place of Birth (Street and Number)	180 Tyson alley
5. Full Name of Mother	Cary Roberts
6. Mother's Maiden Name	Cary Harvey
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Upton Harvey
9. Father's Occupation	Waiter
10. Father's Birthplace	Fredericktown Co Md
Name of Medical Attendant, or other Person who makes this Return.	C B Hamilton
Address	40 Richmond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9720

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 21st 1876
4. Place of Birth (Street and Number)	337 Saratoga st
5. Full Name of Mother	Susan A Weeks
6. Mother's Maiden Name	" Ensor.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry Weeks
9. Father's Occupation	Auctioneer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Chas S. Pennington. M.D.
Address	210 Franklin st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
26
1976
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6

1. ***Sex*** (*state whether Male or Female*) male
2. ***Race or Color*** (*if not of the white race*)
3. ***Date of Birth*** 21st February 1876
4. ***Place of Birth*** (*Street and Number*) 6 Swan St
5. ***Full Name of Mother*** Ellen Cassidy
6. ***Mother's Maiden Name*** Cassidy
7. ***Mother's Birthplace*** Ireland
8. ***Full Name of Father*** John Cassidy
9. ***Father's Occupation*** Laborer
10. ***Father's Birthplace*** Ireland

Name of Medical Attendant, or other Person who makes this Return. Simon Cooper

Address 32 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

97202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
20
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	21st February 1876
4. Place of Birth (Street and Number)	120 Saratoga St.
5. Full Name of Mother	Eliza Hanson
6. Mother's Maiden Name	Baumister
7. Mother's Birthplace	Germany
8. Full Name of Father	H. Hanson
9. Father's Occupation	Cabinet-maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cripps
Address	52 Columbard St.
Remarks	

9723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 21 Febuary
4. *Place of Birth (Street and Number)* S Fremont St 228
5. *Full Name of Mother* Marie S. Shroeder
6. *Mother's Maiden Name* Marie Mardaga
7. *Mother's Birthplace* Burg Prussia
8. *Full Name of Father* Georg Shroeder
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Hildburghausen Gamany.

Name of Medical Attendant, or other Person who makes this Return. Dr E. Reinhard

Address 224 W. Lafayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

97211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	this is the 2 Child
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	February 21
4. *Place of Birth* (Street and Number)	water Cart No 5
5. *Full Name of Mother*	Sarah Ross
6. *Mother's Maiden Name*	Sarah Neal
7. *Mother's Birthplace*	Accomac City
8. *Full Name of Father*	John Ross
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Smothers
Address	
Remarks	

RETURN OF A BIRTH.

9725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
20
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 21st 1876
4. Place of Birth (Street and Number)	40 N Gilmor
5. Full Name of Mother	Annie Miller
6. Mother's Maiden Name	Annie Kremer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	W H Miller Jr
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Queen Anns Co Md
Name of Medical Attendant, or other Person who makes this Return.	W G. Register M.D
Address	17 N Calhoun St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9726

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 21 february 1876
4. *Place of Birth (Street and Number)* 153 choptank st
5. *Full Name of Mother* Sarah Jane Starr
6. *Mother's Maiden Name* Sarah Jane Howard
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Samel h Starr
9. *Father's Occupation* tinner
10. *Father's Birthplace* Baltimre city

Name of Medical Attendant, or other Person who makes this Return, mary conner

Address 153 choptank st

Remarks

RETURN OF A BIRTH.

1727

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	4th
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	Colored
3. Date of Birth	Feb 21st 1876
4. Place of Birth (*Street and Number*)	Penn st
5. Full Name of Mother	Eliza Johnson
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Patuxent Md
8. Full Name of Father	Marcellus Johnson
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Rachel Dorsey
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Febry. 22. 1876
4. Place of Birth (Street and Number)	58 Bank St.
5. Full Name of Mother	Mary A. Hindle
6. Mother's Maiden Name	Mary A. Caire.
7. Mother's Birthplace	Island of Guernsey.
8. Full Name of Father	Wm H Hindle
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Bradford, Eng.
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell. M.D.
Address	No. 72 E. Pratt St.
Remarks	Child delivered with the forceps, Healthy and Vigorous.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~1877~~
9729.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (*state whether ~~1st, 2d,~~ 3d, &c.*)	Third
1. Sex (*~~state whether Male or~~ Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Feb. 22d 1876
4. Place of Birth (*Street and Number*)	209 Townsend Street
5. Full Name of Mother	Emma Bevan Clark
6. Mother's Maiden Name	Emma Bevan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. E. Clark
9. Father's Occupation	Merchant
10. Father's Birthplace	Prince Edwards Co: Md.
Name of Medical Attendant, or other Person who makes this Return.	W. H. Wilson M.D.
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 22nd 1876

4. Place of Birth (Street and Number) No 144 E Lombard St

5. Full Name of Mother Wilhelmine Meyer

6. Mother's Maiden Name Wilhelmine Krau?

7. Mother's Birthplace Germany

8. Full Name of Father Henry Meyer

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Gatje

Address 54 South Broadway

Remarks

9731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Feb 24 Thames St - February 24th 1876

4. *Place of Birth (Street and Number)* No 24 Thames St

5. *Full Name of Mother* Wilhelmine Kuhl

6. *Mother's Maiden Name* Wilhelmine Fölie

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Peter Fölie

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Wales

Name of Medical Attendant, or other Person who makes this Return. T. Ellis Griffith

Address 55 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9732

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 22d 76
4. Place of Birth (Street and Number)	295 E Monument
5. Full Name of Mother	Mary Jane Hobbs
6. Mother's Maiden Name	" " Blyth
7. Mother's Birthplace	Balto City
8. Full Name of Father	Geo. Henry Hobbs
9. Father's Occupation	Carpenter
10. Father's Birthplace	Norfolk Virginia
Name of Medical Attendant, or other Person who makes this Return.	A. G. W. Clayton
Address	No. 18 Arsquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Fourth

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Feb. 22d 1876

4. *Place of Birth* (*Street and Number*) 173 E. Monument St

5. *Full Name of Mother* Margaret Champion

6. *Mother's Maiden Name* Binkampf

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* George Champion

9. *Father's Occupation* Painter

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary K Rudolph

Address 191 N. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9734

RETURN OF A BIRTH.

HEALTH DEPT. FEB 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 27 February
4. *Place of Birth* (Street and Number) Central Avenue 2 24.
5. *Full Name of Mother* Louisa Krüger
6. *Mother's Maiden Name* Lautenschlager
7. *Mother's Birthplace* geb. in Laiyen
8. *Full Name of Father* Felix Krüger
9. *Father's Occupation* Schneider
10. *Father's Birthplace* Gebersdorf in Laiyen

Name of Medical Attendant, or other Person who makes this Return. Wilhelmine Miller

Address Stirling St No 165.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) .....

1. *Sex* (state whether Male or Female) ~~Male~~ White
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 21 February
4. *Place of Birth* (Street and Number) 242 Montgomery near Third
5. *Full Name of Mother* Elizabeth Rotwinbeck
6. *Mother's Maiden Name* Elizabeth Krantz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Rudolph Rotwinbeck
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Switzerland

Name of Medical Attendant, or other Person who makes this Return. Lutherine Klein

Address 74 Lanvanfel Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 22d 1876
4. Place of Birth (Street and Number)	36 George Street.
5. Full Name of Mother	mary Smith
6. Mother's Maiden Name	Mc Horton
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George E. Smith
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Mimit
Address	36 Pearl Street
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 22d 1876
4. Place of Birth (Street and Number) 156 S. Eden Ann St.
5. Full Name of Mother Mary Kusiber
6. Mother's Maiden Name Mary Dunk
7. Mother's Birthplace Rheinberg Prussia
8. Full Name of Father Frederick Kusiber
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm Sanders

Address 156 S. Eden Ann St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9735

RETURN OF A BIRTH.

FEB 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* Feb. 22nd 1876
4. *Place of Birth* (*Street and Number*) 9 Carlton St
5. *Full Name of Mother* Annie Dragon
6. *Mother's Maiden Name*
7. *Mother's Birthplace* West river
8. *Full Name of Father* William Dragon
9. *Father's Occupation* Oyster Dragger
10. *Father's Birthplace* Chester City.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address 3 Carlton St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9739.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	7th
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	
3. *Date of Birth*	Feb 22nd 1876
4. *Place of Birth* (*Street and Number*)	186 Preston St
5. *Full Name of Mother*	Catherine Schlaucht
6. *Mother's Maiden Name*	Bail
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Antone Schlaucht
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger (Mid)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

97110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 25 1876 BALTIMO

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex* (state whether Male or Female)	3d Child
2. *Race or Color* (if not of the white race)	white Female
3. *Date of Birth*	Baltimore Feb. 22 th 1876
4. *Place of Birth* (Street and Number)	S. Ann St. 242
5. *Full Name of Mother*	M. Louisa Seidel
6. *Mother's Maiden Name*	M. Louisa Keigert
7. *Mother's Birthplace*	Hessen Germania
8. *Full Name of Father*	Louis Seidel
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Aldenburg Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 208 South Bond St
Remarks	

9741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* February 22d 1876
4. *Place of Birth (Street and Number)* No 23 Caroline St
5. *Full Name of Mother* Anna Maria
6. *Mother's Maiden Name* Anna Schmidt
7. *Mother's Birthplace* Free State Germany
8. *Full Name of Father* Chas Thomas
9. *Father's Occupation* Barber & Cigar Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas Thomas

Address ~~No 1884~~ No 182 Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 22nd February

4. Place of Birth (Street and Number) 219 E. Chew St. Balto

5. Full Name of Mother Mary R. Cole

6. Mother's Maiden Name Mary R. Krebs

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel H. Cole

9. Father's Occupation Letter Carrier

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell

Address 286 McDonough St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9411.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

FEB 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 of February 1878
4. *Place of Birth (Street and Number)* 108 Eastern Ave
5. *Full Name of Mother* Manda Whiller
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James M. Whiller
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lee Walker

Address 94 S. Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1115 9th Ave

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1916 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 22
4. Place of Birth (Street and Number)	1125½ Ebalta
5. Full Name of Mother	Amelia Miller
6. Mother's Maiden Name	Amelia Wiesenfeld
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Miller
9. Father's Occupation	Oyster and fruit packer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address	88 N Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 22 1876
4. Place of Birth (Street and Number)	No 86 N Howard Street
5. Full Name of Mother	Clara Hamilton
6. Mother's Maiden Name	Clara Hoop
7. Mother's Birthplace	Balto
8. Full Name of Father	Caleb B Hamilton
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address	88 N Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 22th 1876
4. *Place of Birth (Street and Number)* N. Dallas A. No. 2
5. *Full Name of Mother* Magdalena Sibishy
6. *Mother's Maiden Name* Magdalena Engelhare
7. *Mother's Birthplace* Neustadt H. Baiern Germany
8. *Full Name of Father* Georg Sibishy
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Berlin H. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas A. No. 26.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 22nd
4. Place of Birth (Street and Number)	424 Calhoun St
5. Full Name of Mother	Lizella B Standish
6. Mother's Maiden Name	Lizella B Kile
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Conrad C. Standish
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	C. S. Standish
Address	424 Dist. George St
Remarks	

In the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics

9748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

1 / 7

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male ~~or Female~~) male

2. Race or Color (if not of the white race) —

3. Date of Birth 22d Feby. 76

4. Place of Birth (Street and Number) Fremont St. N. W. Cor Franklin

5. Full Name of Mother Caroline Louise Lautenbach

6. Mother's Maiden Name Caroline Louise Meier

7. Mother's Birthplace Baltimore

8. Full Name of Father Ferdinand Lautenbach

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. H. Uhlemann M.D.

Address 120 Park St - Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 22d. 1875
4. *Place of Birth (Street and Number)* 50 Warren St.
5. *Full Name of Mother* Mary E. Dessions.
6. *Mother's Maiden Name* " " White.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* W. P. H. Dessions
9. *Father's Occupation* Fish Dealer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris M. D.

Address No. 5. Franklin St. Balto Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

97.50

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 22nd. 1876 2 A. M.
4. *Place of Birth (Street and Number)* 7 S. Broadway
5. *Full Name of Mother* Mary Lavinia Walker
6. *Mother's Maiden Name* Mary Lavinia McConelle
7. *Mother's Birthplace* New Orleans
8. *Full Name of Father* Henry Walker. Male
9. *Father's Occupation* Mate on Barque
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.

Address 299 E. Baltimore St.

Remarks

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1976
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 23rd 1976
4. Place of Birth (Street and Number)	238 Pleasant St
5. Full Name of Mother	Marietta Dubroux
6. Mother's Maiden Name	Marietta Leadman
7. Mother's Birthplace	Cambridge Md.
8. Full Name of Father	Albert Dubroux
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. A. Sallen
Address	343 Lexington St
Remarks	Ignatius Instr. 2nd Breech presentation (Forceps, delivery by forceps.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	23 Feb 1876
4. Place of Birth (Street and Number)	191 N. Front St.
5. Full Name of Mother	Mary Mashel
6. Mother's Maiden Name	" Tayler
7. Mother's Birthplace	Unidet Staates
8. Full Name of Father	Thomas Mashel
9. Father's Occupation	Sailor
10. Father's Birthplace	Unidet Staates
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 23rd 76
4. Place of Birth (Street and Number)	324 E. Chase St
5. Full Name of Mother	Sarah Elizabeth Henderson
6. Mother's Maiden Name	" Start
7. Mother's Birthplace	Balto City
8. Full Name of Father	Henry Culver Henderson
9 Father's Occupation	Clerk
10. Father's Birthplace	Prince George Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr G. H. Kayser
Address	16 Fairmount St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

97511

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 1.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 23rd 76
4. Place of Birth (Street and Number)	No. 338 N. Caroline St
5. Full Name of Mother	Kate Kirk
6. Mother's Maiden Name	Fairchild
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Francis Alexillias Kirk
9 Father's Occupation	Boot Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Dr. G. H. Grayson
Address	No. 18 Aisquith St
Remarks	

9755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 Feby 1876.
4. Place of Birth (Street and Number)	172 Little Green St
5. Full Name of Mother	Hanna Vahle Bricker
6. Mother's Maiden Name	" Bellmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Vahle
9. Father's Occupation	Coffee Roaster
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kohl
Address	328 South Howard St
Remarks	Butts Mc

FEB 25 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
FEB
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* February 23rd 1876

4. *Place of Birth (Street and Number)* 104 Little Tyson St.

5. *Full Name of Mother*

6. *Mother's Maiden Name* Mary Jane Jones

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Unknown

9. *Father's Occupation* do

10. *Father's Birthplace* do

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebarger

Address 20 N. Liberty St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 23rd
4. *Place of Birth (Street and Number)* 220 Madison Avenue
5. *Full Name of Mother* Annie Elizabeth Beach
6. *Mother's Maiden Name* Annie Elizabeth Cooper
7. *Mother's Birthplace* Kent County Maryland
8. *Full Name of Father* William J Beach
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Alabama

Name of Medical Attendant, or other Person who makes this Return. G. F. Adams M.D

Address 215 Druid Hill Avenue

Remarks

9758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 23 Feb 1876.

4. *Place of Birth (Street and Number)* 10 18 Potters Court

5. *Full Name of Mother* Elizabeth Emmert.

6. *Mother's Maiden Name* Elizabeth Gaedter

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* John Emmett.

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return Matthew Bruno.

Address 114 Liberty St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
20
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. *Sex* (state whether Male or Female) A male Childe

2. *Race or Color* (if not of the white race) Darkie

3. *Date of Birth* Balt feb the 23 18 16

4. *Place of Birth* (Street and Number) Dallars St opposite union st

5. *Full Name of Mother* mary Glagow

6. *Mother's Maiden Name* /

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* /

9. *Father's Occupation* a Patin cauilken

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Alce Choplin M D Fifth

Address 5 S Dallor

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BUREAU OF VITAL STATISTICS
FEB 22 1978
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 25th February 1876
4. *Place of Birth* (*Street and Number*) 109 Broadway
5. *Full Name of Mother* Mary Christine Wagner
6. *Mother's Maiden Name* Becker
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Neuman
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 57 E. Lanvale St.

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 2 February 1876
4. *Place of Birth* (*Street and Number*) 5 Hoop St
5. *Full Name of Mother* Susan Kopf
6. *Mother's Maiden Name* Sprague
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Edward C Kopf
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr Enoch Cooper

Address 520 Eastern Ave St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9762

HEALTH DEPARTMENT
MAR
6
1976
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23d
4. Place of Birth (Street and Number)	No 31 Monroe St
5. Full Name of Mother	Mary E Keen
6. Mother's Maiden Name	Mary E Knight
7. Mother's Birthplace	Darlington " Harford Co
8. Full Name of Father	Samuel M Keen
9. Father's Occupation	Police Officer
10. Father's Birthplace	Harford Co
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 25th 1876

4. Place of Birth (Street and Number) 21 1/2 Eutaw

5. Full Name of Mother Elizabeth Vogel

6. Mother's Maiden Name Elizabeth Eastman

7. Mother's Birthplace Germany

8. Full Name of Father George Vogel

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. J. Ahlers

Address No 182 Monument St

Remarks

Correct Record of Vital Statistics required.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex* (state whether Male or ~~Female~~)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	23rd February 1876
4. *Place of Birth* (Street and Number)	148 Hughes St
5. *Full Name of Mother*	Angelina Gardner
6. *Mother's Maiden Name*	" Colburn
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Gardner
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A W Webster M D
Address	37 Barnet
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23rd February 1876
4. Place of Birth (Street and Number)	76 Williams st
5. Full Name of Mother	Virginia Kirkwood
6. Mother's Maiden Name	Virginia Dannaker
7. Mother's Birthplace	Balt
8. Full Name of Father	Augustus Kirkwood
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H H Webster M.D.
Address	57 Barnet
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 29 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* February 23rd 1876

4. *Place of Birth (Street and Number)* 238 Caroline st

5. *Full Name of Mother* Elizabeth Porsainer

6. *Mother's Maiden Name* " Ehrman

7. *Mother's Birthplace* City

8. *Full Name of Father* J. W. Porsainer

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

9767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 23rd 1876
4. Place of Birth (Street and Number)	No 314 alice anna st
5. Full Name of Mother	Dorothea Rosenthal
6. Mother's Maiden Name	" Mueller
7. Mother's Birthplace	Germany
8. Full Name of Father	George Rosenthal
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st
Remarks	Still Birth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Given Name Added 3-10-57

9768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Louise Korn

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the Eighth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Febr 23d 1876
4. Place of Birth (Street and Number)	648 N. Gatto street
5. Full Name of Mother	Carline Korn
6. Mother's Maiden Name	Carline Steidel
7. Mother's Birthplace	Heidelberg Dutchy of Baden
8. Full Name of Father	Charles Korn
9. Father's Occupation	Clerk
10. Father's Birthplace	Heidelberg Dutchy of Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	~~Dr Theo Krantz~~
Address	~~S. Gatto Street~~
Remarks	Baltimore Female
	Mrs J. Leutt p. 489.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Febuary 23 th

4. Place of Birth (Street and Number) 149 Columbia St

5. Full Name of Mother Katz Vogt

6. Mother's Maiden Name Katz Beyerlin

7. Mother's Birthplace Germany

8. Full Name of Father John Vogt

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address N 29 Monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9770

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

State whether Male or Female) male

or Color (if not of the white race) white

of Birth 23 February

of Birth (Street and Number) Saratoga 257

Name of Mother Francisca Kohlbabek

er's Maiden Name Jiraček

er's Birthplace Vojtěchow in Bohemia

Name of Father Ignatius Kohlbabek

er's Occupation laborer

er's Birthplace Wechrow in Boh.

e of Medical Attendant, or other Person who makes this Return. Mary Kopelick

ress 69 N. Washington ave.

arks

RETURN OF A BIRTH.

9771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23rd 1876
4. Place of Birth (Street and Number)	Edmondson Ave. west of Carrollton
5. Full Name of Mother	Sarah J. King
6. Mother's Maiden Name	Sarah J. Fullinas
7. Mother's Birthplace	Darlington Harford County
8. Full Name of Father	John T. King
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John T. King M.D.
Address	Edmondson Ave
Remarks	West of Carrollton Ave

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 children

1. *Sex* (state whether Male or Female) last a boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 24th February 1870
4. *Place of Birth* (Street and Number) 1 Fayette st court
5. *Full Name of Mother* Mary Maggie Smith
6. *Mother's Maiden Name* Mary Maggie Rosenbauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Rosenbauer
9. *Father's Occupation* Goldsmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address 71 Northeastapel st per John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9773

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d~~, 3d, &c.*)

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*) Black
3. *Date of Birth* Feb. 24th 1876
4. *Place of Birth* (*Street and Number*) 24 division st
5. *Full Name of Mother* Mary Blacco
6. *Mother's Maiden Name* Mary Thompson
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Benj. Blacco
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith M.D.

Address 117 Millerson st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Feb 25 1876

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 24th 1876.
4. *Place of Birth (Street and Number)* No 135 Register St.
5. *Full Name of Mother* Mary Rayner.
6. *Mother's Maiden Name* Mary Stengel.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Conrad Rayner.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend

Address No 137 S Wolfe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 26 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* (No 101 Peach Alley) 24 Feb 1876
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Bridget Sullivan
6. *Mother's Maiden Name* Bridget Joyce
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jerry Sullivan
9. *Father's Occupation* Laborer
10. *Name of Medical Attendant, or other Person who makes this Return* Dr Dayton Bruce

Address 114 Battery Av.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
FEB
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 24 Februar
4. *Place of Birth (Street and Number)* 344 S Jürgen Str
5. *Full Name of Mother* Elisabeth Arend
6. *Mother's Maiden Name* Eli Boehm
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Otto Arend
9. *Father's Occupation* Schneider
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Lutheran Mission

Address 74 Lawrence Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

9777

HEALTH DEPART... MAR 6 1876 BALTIMORE...

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 24th 1876
4. Place of Birth (Street and Number)	10 Centre Market Space
5. Full Name of Mother	Mary Flemming
6. Mother's Maiden Name	Mary Kimma
7. Mother's Birthplace	Germany
8. Full Name of Father	John Flemming
9. Father's Occupation	
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. D. Webster Cathell
Address	
Remarks	

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~Feb 24~~
3. Date of Birth	Feb 24th
4. Place of Birth (Street and Number)	38 N. Exeter St.
5. Full Name of Mother	Ellen Louisa Todd.
6. Mother's Maiden Name	Sewell
7. Mother's Birthplace	Queen Annes County Md
8. Full Name of Father	James Henry Todd
9. Father's Occupation	Policeman
10. Father's Birthplace	Caroline County Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. G. Jay M.D.
Address	M. E. Ch Park & Madison St.
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Mulatto

3. *Date of Birth* February 29 1876

4. *Place of Birth* (Street and Number) 121 Caroline St

5. *Full Name of Mother* Louisa Hayman

6. *Mother's Maiden Name* Louisa Reid

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Richard Hayman

9. *Father's Occupation* Peddler

10. *Father's Birthplace* Holland

Name of Medical Attendant, or other Person who makes this Return. Hence H. Higgins

Address No 181 Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th Feby 1876
4. Place of Birth (Street and Number)	235 Lee Street
5. Full Name of Mother	Sophia E. Selby
6. Mother's Maiden Name	Sophia E. Selby
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	C. W. Selby
9. Father's Occupation	Engineer
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. Wm. Wall M.D
Address	18. So Eutaw
Remarks	Head Presentation, 1st Position.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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9782
9783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Two Males and one Female at one birth
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 24th 1876
4. Place of Birth (Street and Number)	Baltimore Caroline Street No. 61
5. Full Name of Mother	Annie Butler
6. Mother's Maiden Name	Annie Thaker
7. Mother's Birthplace	Tiperary Ireland
8. Full Name of Father	Martin Butler
9. Father's Occupation	Porter in Defords Leather Store
10. Father's Birthplace	Tiperary Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 202. South Charles street
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 24th 1876
4. *Place of Birth (Street and Number)* No 8 Federal St
5. *Full Name of Mother* Agnes Frost
6. *Mother's Maiden Name* " Hooper
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Frost
9. *Father's Occupation* Meat Cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula G. Chrismer

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 24 1876
4. Place of Birth (Street and Number)	179 Aisquith St
5. Full Name of Mother	Kate Cotter
6. Mother's Maiden Name	Elder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nicholas Cotter
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrisman
Address	179 E Monument St
Remarks	

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

—To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb. 24th 1876
4. *Place of Birth* (Street and Number)	No 131 1/2 E Eldery st.
5. *Full Name of Mother*	Elisabetha Lorens
6. *Mother's Maiden Name*	E. Schmitt
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jacob Lorens
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address	125 N. Caroline.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Girl Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 24th 1876
4. *Place of Birth (Street and Number)* 136 Asquith st.
5. *Full Name of Mother* Annie E Realter
6. *Mother's Maiden Name* Annie E McCafferty
7. *Mother's Birthplace* Frederick
8. *Full Name of Father* C. H. Realter
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Georgetown D. C.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
FEB
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 24th 1876

4. Place of Birth (Street and Number) No 169 Gist sts

5. Full Name of Mother Henrietta Dolthaus

6. Mother's Maiden Name " Meyer

7. Mother's Birthplace Germany

8. Full Name of Father Henry Dolthaus

9. Father's Occupation Stebedore

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmeyer

Address 120 Bank

Remarks Still Born

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* February 24th 1876

4. *Place of Birth* (Street and Number) No 68 Duncan alley

5. *Full Name of Mother* Agatha Bentz

6. *Mother's Maiden Name* " Rork

7. *Mother's Birthplace* City

8. *Full Name of Father* John Bentz

9. *Father's Occupation* Barkeeper

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Bushmann

Address 120 Bank sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT FEB 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feby 24th 1876
4. Place of Birth (Street and Number)	Stockton Alley
5. Full Name of Mother	Sallie. Wilkins Ryder
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	~~Isaac Henry Gray~~
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Turner
Address	
Remarks	information from David Howard

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9791

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 24 of Feb. 1876
4. *Place of Birth (Street and Number)* Lemon Alley No 46
5. *Full Name of Mother* Lizzie Gelmacher
6. *Mother's Maiden Name* L. Mayer
7. *Mother's Birthplace* born in Saksen Bye.
8. *Full Name of Father* Friederich Gelmacher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Saksen Bye.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 59 Smallwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9792

HEALTH DEPT FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 24th 1876
4. Place of Birth (Street and Number)	325 William St.
5. Full Name of Mother	Sarah C. Johnson
6. Mother's Maiden Name	Knight
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jacob Johnson
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balto City Md.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre Sts
Remarks Period of Utero-gestation 6½ Months)	

9793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 27 February

4. *Place of Birth* (Street and Number) 5 Barnet Str.

5. *Full Name of Mother* Anna Kaine

6. *Mother's Maiden Name* " " Cophler

7. *Mother's Birthplace* Mailand

8. *Full Name of Father* Mathias Kaine

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Mailand

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th ch
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	W
3. Date of Birth	Feby 24 1874
4. Place of Birth (Street and Number)	N W Cor Madison & Eutaw Sts
5. Full Name of Mother	Louisa Brinson
6. Mother's Maiden Name	Louisa Heath
7. Mother's Birthplace	London England
8. Full Name of Father	Edward Brinson
9. Father's Occupation	Clerk
10. Father's Birthplace	London England
Name of Medical Attendant, or other Person who makes this Return.	C H Pattison M D
Address	28 Franklin
Remarks	Bald

9793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21st February 1876
4. *Place of Birth (Street and Number)* 14 Concord St
5. *Full Name of Mother* Bridget Donnegan
6. *Mother's Maiden Name* Burke
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Donnegan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 51 E Lombard St

Remarks

rrect Record of Vital Statistics in the City of Baltimore.

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9796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4 1876
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Male~~ 1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25 1876
4. Place of Birth (Street and Number)	29 ½ Eden S
5. Full Name of Mother	Mary Ann Caffield
6. Mother's Maiden Name	" Gleben
7. Mother's Birthplace	Balto City
8. Full Name of Father	Rich F. Caffield
9. Father's Occupation	Farmer
10. Father's Birthplace	A. A. Co
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Benson M.D.
Address	144 Hanover S. City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9797

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 25 1876
4. *Place of Birth (Street and Number)* Hosford Ave no number
5. *Full Name of Mother* Luisa Friedrich
6. *Mother's Maiden Name* Luisa Luhn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Friedrich
9. *Father's Occupation* Lutcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Killegrew

Address No 182 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9798

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 15th 1876
4. *Place of Birth (Street and Number)* No 130 Canfield Ave
5. *Full Name of Mother* Leona Linton
6. *Mother's Maiden Name* Lewis
7. *Mother's Birthplace* Martinsburg West Virginia
8. *Full Name of Father* Joseph Linton
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Washington County Md

Name of Medical Attendant, or other Person who makes this Return. Dr Wm H Wagner

Address No 130 E Monument St

Remarks

9799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feby 25th 1876
4. Place of Birth (Street and Number)	No. 208 Bank
5. Full Name of Mother	Ann Rebecca Kerr
6. Mother's Maiden Name	do do Reilly
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Michael Kerr
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	114 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9800

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED DEPT. OF HEALTH FEB 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 25th 1876

4. *Place of Birth (Street and Number)* No 394 Central Ave

5. *Full Name of Mother* Mary Layton

6. *Mother's Maiden Name* Mary Brown

7. *Mother's Birthplace* Cecil Co

8. *Full Name of Father* William Layton

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Harford County

Name of Medical Attendant, or other Person who makes this Return. Lyon Gilbert M

Address No 182 E. Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9501

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	25th February
4. Place of Birth (Street and Number)	No 99 Peach alley
5. Full Name of Mother	Anna Elizabeth Zasop
6. Mother's Maiden Name	Anna Elizabeth Seipel
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Jacob Zasop
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mrd. Lowney
Address	
Remarks	

9802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 25th 1876
4. Place of Birth (Street and Number)	14 Addison St
5. Full Name of Mother	Ellen Noonan
6. Mother's Maiden Name	" Riordan
7. Mother's Birthplace	County Cork Ireland
8. Full Name of Father	Edward Noonan
9. Father's Occupation	Laborer
10. Father's Birthplace	County Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrisman
Address	129 E Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby. 25th 1876.
4. Place of Birth (Street and Number)	31. what cont 5t. Baltimore Md.
5. Full Name of Mother	Mary B. Evans.
6. Mother's Maiden Name	Mary B. Bates
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	William H. Evans
9. Father's Occupation	Confectioner
10. Father's Birthplace	Steubenville Ohio
Name of Medical Attendant, or other Person who makes this Return.	A. T. Bell Md
Address	306 Madison Avenue.
Remarks	

9804

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of February
4. Place of Birth (Street and Number)	Jefferson St. No 128
5. Full Name of Mother	Catherine Harrison.
6. Mother's Maiden Name	Catherine Johns.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Harrison.
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wes Martin
Address	West St. No 128
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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9805

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 of Febuary
4. *Place of Birth (Street and Number)* Light St 214 Rear
5. *Full Name of Mother* Kate Leonardy
6. *Mother's Maiden Name* Kate Leissman
7. *Mother's Birthplace* Baltimore South
8. *Full Name of Father* Augustin Leissman
9. *Father's Occupation* Merchant of
10. *Father's Birthplace* Switzland

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Schaetzlin

Address West St. No 128

Remarks

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reet Record of Vital Statistics in the City of Baltimore.

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9806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. FEB 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) /

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 25 1876
4. *Place of Birth (Street and Number)* 120 church street
5. *Full Name of Mother* May simons
6. *Mother's Maiden Name* Mary dunahow
7. *Mother's Birthplace* somerset county Maryland
8. *Full Name of Father* John dunahow
9. *Father's Occupation* Brickmakyer
10. *Father's Birthplace* philadelphia

Name of Medical Attendant, or other Person who makes this Return. Maria potter

Address Midwife

Remarks residence 191 Hughs street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25 th 1876
4. Place of Birth (Street and Number)	167 Wolf and Bank st
5. Full Name of Mother	Annie Barnes
6. Mother's Maiden Name	Annie Deal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Deal
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Chester St
Remarks	Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

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9808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 29 1876
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	first
(state whether Male or Female)	Male
or Color (if not of the white race)	White race
of Birth	twenty fifth
e of Birth (Street and Number)	Baltimore East St No 40
Name of Mother	Mary Morley
her's Maiden Name	Mary Shannahan
her's Birthplace	Ireland
Name of Father	John Morley
her's Occupation	Diseases Mon D
her's Birthplace	New York
me of Medical Attendant, or other Person who makes this Return.	Elizabeth Flathorn
dress	288 Johnson St
marks	

9509

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d. Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 24 d 1876

4. Place of Birth (Street and Number) No 32 Poppleton st.

5. Full Name of Mother Kristine Koesling

6. Mother's Maiden Name Bosz.

7. Mother's Birthplace Germany.

8. Full Name of Father Adolph Koesling

9. Father's Occupation Shoe maker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schroeder midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9810

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	28 Feb
4. Place of Birth (Street and Number)	41 Gelling Alley
5. Full Name of Mother	Mary Hughes
6. Mother's Maiden Name	Schaffer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Hughes
9. Father's Occupation	Garbage Driver
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mary Hughes
Address	328 S. Eutaw St.
Remarks	B. M.

RETURN OF A BIRTH.

9511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st	1st
1. Sex (state whether Male or Female)	Male	Male
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	Feby 25th	Feby 25th 76
4. Place of Birth (Street and Number)	6 Forest Place	No 6 Forest Place
5. Full Name of Mother	Ellen Bell Kelleduff	Ellen Bell Kelleduff
6. Mother's Maiden Name	Ellen Bell Leggett	" " Leggett
7. Mother's Birthplace	Balto	Baltimore Md
8. Full Name of Father	Hubert Marten Kelleduff	Hubert Marten Kelleduff
9 Father's Occupation	Rail Roading	Rail Roading
10. Father's Birthplace	Balto	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.		Geo. B. Reynolds M.D.
Address		34 N. Calvert St
Remarks		

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25th 1875
4. Place of Birth (Street and Number)	Baltimore Pratt n 223 N.
5. Full Name of Mother	Mary Hodges
6. Mother's Maiden Name	" Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hodges
9. Father's Occupation	Stone-cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No. 58 Perkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

951.3

1 2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25th. 1876
4. Place of Birth (Street and Number)	Fayette St 2d house East of Liberty
5. Full Name of Mother	Elizabeth Riley
6. Mother's Maiden Name	Elizabeth Nolan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Riley
9 Father's Occupation	Gold Beater
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	W. R. Morgan M.D.
Address	175 Saratoga St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

98111

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	February 25
4. Place of Birth (Street and Number)	Louisa Court
5. Full Name of Mother	Frances Henry
6. Mother's Maiden Name	Frances Robinson
7. Mother's Birthplace	State Unknown
8. Full Name of Father	Washington Robinson
9. Father's Occupation	Laborer
10. Father's Birthplace	State Unknown
Name of Medical Attendant, or other Person who makes this Return.	Margaret E. Tick
Address	Louisa Court back of 1[illegible]
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9815

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	26 febuary
4. Place of Birth (Street and Number)	hill St 23
5. Full Name of Mother	margret sample
6. Mother's Maiden Name	maiden unknow
7. Mother's Birthplace	aeamal county
8. Full Name of Father	aial sample
9. Father's Occupation	labour
10. Father's Birthplace	aeamal county
Name of Medical Attendant, or other Person who makes this Return.	was none
Address	
Remarks	

RETURN OF A BIRTH.

9816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 26th 1896

4. Place of Birth (Street and Number) 137 W Baltimore St

5. Full Name of Mother Juana Correa

6. Mother's Maiden Name " DeArmas

7. Mother's Birthplace Habana

8. Full Name of Father Vicente Correa

9. Father's Occupation Cigar Maker

10. Father's Birthplace Habana

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrismer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Feb: 26th 1876
4. *Place of Birth (Street and Number)* 12 George St: E.L:
5. *Full Name of Mother* Kate Butler
6. *Mother's Maiden Name* Kate Young
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Lewis Butler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. Griffith M.D.

Address 117 W. Madison St

Remarks

Link. vs. Dall

RETURN OF A BIRTH.

9818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26th 1876
4. *Place of Birth (Stree and Number)* N. W. Cor Dallas & Orleans
5. *Full Name of Mother* Emelia Link
6. *Mother's Maiden Name* Emelia Wagner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Link
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Dohme M.D.

Address 86 E. Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

~~8919~~

9817

RETURN OF A BIRTH.

DEPARTMENT
MAR
6
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
(state whether Male or Female)	Male
e or Color (if not of the white race)	~~26 Feb 1876~~
e of Birth	26 Feb 1876
ce of Birth (Street and Number)	623 W Fayette St
l Name of Mother	Mary J Britton
her's Maiden Name	Mary J Foster
her's Birthplace	Durham England
l Name of Father	Oscar Park Britton
her's Occupation	Salesman
her's Birthplace	Oxford N C
ame of Medical Attendant, or other Person who makes this Return.	Prof W S Howard
ldress	181 Madison Ave
emarks	Vaccinia to r. sacro-iliac synchondrosis,

Referred to the front.

9829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

Correct Record of Vital Statistics to be kept in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 26th 1876
4. Place of Birth (Street and Number)	106 N. Bond st.
5. Full Name of Mother	Kate Fullerton
6. Mother's Maiden Name	" Quinn.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John A. Fullerton
9. Father's Occupation	Cotton Inspector
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dausch M. D.
Address	27 N. Broadway
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

9821

HEALTH DEPT. BALTIMORE FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 26 76

4. Place of Birth (Street and Number) Eastend West St

5. Full Name of Mother Lilie Fachmann

6. Mother's Maiden Name Lilie Weitzenegger

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Fachmann

9. Father's Occupation Sign Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Rud Lehmann

Address 19 E Pratt Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9822

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of February
4. Place of Birth (Street and Number)	Carey St. No 364
5. Full Name of Mother	Mary Kelly
6. Mother's Maiden Name	Mary Kelly
7. Mother's Birthplace	Irland
8. Full Name of Father	Edward Kelly
9. Father's Occupation	Labor
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mc Martin
Address	West St No 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9823

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feby 26 1876
4. *Place of Birth* (Street and Number) Lemmon Wolf & Monument 21
5. *Full Name of Mother* Mary Jane Bashears
6. *Mother's Maiden Name* Mary Jane Pritchard
7. *Mother's Birthplace* Anne Arundel County Md
8. *Full Name of Father* Frank Bashears
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return. E. Gw Wells M.D.

Address 161 E Monument St

Remarks Child presents a unsightliness appearance

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	February 26th 1876
4. *Place of Birth* (Street and Number)	173 S. Paca St.
5. *Full Name of Mother*	Ida R. Holliday
6. *Mother's Maiden Name*	Ida R. Spangler
7. *Mother's Birthplace*	Hanover Pa
8. *Full Name of Father*	Wm D. Holliday
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebonger
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

98-23

HEALTH DEPT.
FEB
20
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third

1. *Sex* (state whether Male or Female) Male child
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 16th Feb. 1876
4. *Place of Birth* (Street and Number) Season between Ramsay & Stricker
5. *Full Name of Mother* Kate Orth
6. *Mother's Maiden Name* Kate Dieterich
7. *Mother's Birthplace* born in Bavaria Germ.
8. *Full Name of Father* Nikolaus Orth
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth (10)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary 26th 1876
4. Place of Birth (Street and Number)	#151 Washington St
5. Full Name of Mother	Mary Nathens
6. Mother's Maiden Name	Mary Coleman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Nathens
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	#435 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9827.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 26 - '76.
4. Place of Birth (Street and Number)	669 W. Lexington St.
5. Full Name of Mother	Sarah E. Spencer - Jenkins
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	John M. Spencer
9. Father's Occupation	Merchant
10. Father's Birthplace	Harford County.
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St - -
Remarks	

9828

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 26th 1876
4. Place of Birth (Street and Number)	26 Whiteoak st
5. Full Name of Mother	Lavenia Jane Maxwell
6. Mother's Maiden Name	Harvey
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Jas R. Maxwell
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9529

FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26th 1876
4. *Place of Birth (Street and Number)* N. Gay St. No 563.
5. *Full Name of Mother* Margaretha Muller
6. *Mother's Maiden Name* Margarethe Leonhard
7. *Mother's Birthplace* Nieder Gr. Hessen Germany
8. *Full Name of Father* Georg Muller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Nieder Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Ballas St. No 26

Remarks

9830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 12 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of February
4. Place of Birth (Street and Number)	Bakers bt No 12
5. Full Name of Mother	Mary Lizzie Wonder.
6. Mother's Maiden Name	" " Keith
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John M. Wonder.
9. Father's Occupation	Journeyman Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Same as Ch. Starkey
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9831

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 6.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 26th 1876
4. Place of Birth (Street and Number)	290 N. Eden St.
5. Full Name of Mother	Agenath Ella Wilson
6. Mother's Maiden Name	" " Hall
7. Mother's Birthplace	Alexandria, Virginia
8. Full Name of Father	Charles Augustus Wilson
9. Father's Occupation	Photographer & Stock Merchant
10. Father's Birthplace	Flemington New Jersey.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Grayson
Address	No. 18 Asquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26th 1875
4. *Place of Birth (Street and Number)* No 107 Eager St
5. *Full Name of Mother* Anna M. Egan
6. *Mother's Maiden Name* Anna Byrne
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jonathan Mulligan
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jona Gilbert

Address No 182 Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
1
876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex* (*state whether Male or Female*) Boy

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 21. February

4. *Place of Birth* (*Street and Number*) Mare Bank Lane

5. *Full Name of Mother* Marie Davis

6. *Mother's Maiden Name* " " Davis

7. *Mother's Birthplace* Baltr:

8. *Full Name of Father* Franz Davis

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Sachsen Germania.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Conrad

Address No 20. Barnet St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

95311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb. 26th " 1876
4. Place of Birth (Street and Number)	No. 422. E.
5. Full Name of Mother	Sarah E. Scott
6. Mother's Maiden Name	Sarah E. Sorrell
7. Mother's Birthplace	Balti City
8. Full Name of Father	James Scott
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Richmond
Address	183. 422. E.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

APR 5 1876

RETURN OF A BIRTH.

9535

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26th 1876
4. *Place of Birth (Street and Number)* No 337 W. Lombard St.
5. *Full Name of Mother* Mary Isabelle Strong
6. *Mother's Maiden Name* M. A. Barbender
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Morris Franklin Strong
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wimble M.D.

Address No 203 W. Lombard St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 7 1876
BALTIMORE

98.36

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 24th of February

4. *Place of Birth (Street and Number)* 178 Eutaw Ave

5. *Full Name of Mother* Elizabeth Hoyt

6. *Mother's Maiden Name* Bowler

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* John Hoyt

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Columbia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Brendel

Address No 208 South Bond St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 27th 1876
4. *Place of Birth (Street and Number)* 79 Preston St
5. *Full Name of Mother* Mary Brooks
6. *Mother's Maiden Name* " Robertson
7. *Mother's Birthplace* Hagerstown
8. *Full Name of Father* George Roberts Brooks
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. O. B. Williams

Address 201 Madison Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9838

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	Exist. 2nd
(state whether Male or Female)	Female
ce or Color (if not of the white race)	
te of Birth	May 27th
ce of Birth (Street and Number)	45 Mt. Vernon Place
ll Name of Mother	Margaret Louis Duer
ther's Maiden Name	Margaret Lewis Marshall
ther's Birthplace	Virginia.
ll Name of Father	Andrew Colgate Duer
ther's Occupation	Merchant
ther's Birthplace	Baltimore.
ame of Medical Attendant, or other Person who makes this Return.	W. T. Howard, M. D.
ddress	181 Mad. Ave
emarks	Natural Presentation

9839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 27th 1876
4. Place of Birth (Street and Number)	172 S. Wolfe
5. Full Name of Mother	Theresa Badinger
6. Mother's Maiden Name	" Hergel
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Jacob Badinger
9. Father's Occupation	laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dausch M. D.
Address	27 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9840

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 27th 1876
4. *Place of Birth (Street and Number)* 408 E. Fayette st
5. *Full Name of Mother* Lida Virginia Lancaster
6. *Mother's Maiden Name* " " Van Horn
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Wesley Lancaster
9. *Father's Occupation* painter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 27th 1876.
4. Place of Birth (Street and Number)	79 Fremont St.
5. Full Name of Mother	Henriette Fuller
6. Mother's Maiden Name	Ste. Pierre
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Fuller
9. Father's Occupation	Painter
10. Father's Birthplace	Bremerhaven Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 E Eau St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 27th 1876
4. *Place of Birth* (Street and Number) No 210 Eutaw Place
5. *Full Name of Mother* Mrs Jno Fuchs
6. *Mother's Maiden Name* Mrs Hebenia
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jno Fuchs
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Gallagher

Address No 210 Eutaw Place

Remarks

RETURN OF A BIRTH.

95143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1876
BALTIMORE

Order of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th child
Sex (state whether Male or Female)	female
Race or Color (if not of the white race)	White.
Date of Birth	27th Febuary.
Place of Birth (Street and Number)	29 Parish Pl.
Full Name of Mother	Mary Reynolds Fitzsimmons
Mother's Maiden Name	Mary Reynolds
Mother's Birthplace	County Sligo Ireland
Full Name of Father	James Fitzsimmons
Father's Occupation	Laborer
Father's Birthplace	County Meath Ireland.
Name of Medical Attendant, or other Person who makes this Return.	M.D. Mary Martin Mulvihill
Address	42 S. Bregan St.
Remarks	

RETURN OF A BIRTH.

98121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) colored race
3. *Date of Birth* February 21
4. *Place of Birth* (Street and Number) peach alley 44
5. *Full Name of Mother* Martha Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Kent county
8. *Full Name of Father* augustus Morris
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Amelia Robinson 42 peach

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 27th February
4. *Place of Birth* (Street and Number) 360 East Fayette
5. *Full Name of Mother* Emily Stanly Cornish
6. *Mother's Maiden Name* Emily Stanly
7. *Mother's Birthplace* Dorchester Co.
8. *Full Name of Father* Samuel Cornish
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyle

Address 247 Orleans

Remarks child cried three minutes and lived three hours.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 27. 1876
4. *Place of Birth (Street and Number)* corner Fenager & Sts no. 145
5. *Full Name of Mother* Barbara Stumpf
6. *Mother's Maiden Name* Barbara Hartmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Stumpf
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Wittenberg

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Siemsiech

Address South Wolfe st no. 28

Remarks Midwife

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
20
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male child.
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~of 33 Abbott st~~ 27. of Februar
4. Place of Birth (Street and Number)	N. 33. Abbott st
5. Full Name of Mother	Anna Hirl
6. Mother's Maiden Name	A. Ivic
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Johan Hirl
9. Father's Occupation	Copper
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Dazourek
Address	N. 30. Abbott st
Remarks	Born Live-

—rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

98115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB 28 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 27, 1876

4. Place of Birth (Street and Number) 347 Cathedral St

5. Full Name of Mother Anna E. Baer

6. Mother's Maiden Name A. E. Parsley

7. Mother's Birthplace Montgomery Co. Md.

8. Full Name of Father John H. Baer

9. Father's Occupation Tea Dealer

10. Father's Birthplace Allegheny Co. Pa

Name of Medical Attendant, or other Person who makes this Return. J. W. F. Hank.

Address 118 N. Liberty St

Remarks

Extract from Ordinances of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* February 27th 1876

4. *Place of Birth (Street and Number)* No 6 Falls St

5. *Full Name of Mother* Clara Miskell

6. *Mother's Maiden Name* " Noonan

7. *Mother's Birthplace* Glanworth County Cork Ireland

8. *Full Name of Father* Michael Miskell

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Roscommon County Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 129 E Monument St

Remarks

Law for Registration of Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th Feb. 1876
4. Place of Birth (Street and Number)	15 N. Caroline st
5. Full Name of Mother	Sarah Jane Spence
6. Mother's Maiden Name	Sarah Jane Stone
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Henry Spence
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline st.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February 27th 1876

4. Place of Birth (Street and Number) No 130 Bond st

5. Full Name of Mother Katharina Kerner

6. Mother's Maiden Name " Frey

7. Mother's Birthplace Germany

8. Full Name of Father John Kerner

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bolshmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 24th 1876.
4. Place of Birth (Street and Number)	203 Park ave
5. Full Name of Mother	Mary Minnick
6. Mother's Maiden Name	Mary O'Brian
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Minnick
9. Father's Occupation	Baltimore
10. Father's Birthplace	Stone cutter
Name of Medical Attendant, or other Person who makes this Return.	J H Smith M.D.
Address	118 S. Sharp St.
Remarks	Natural Labor

X

Extract from Regulations of the Board of Health, Relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) .....

1. *Sex* (state whether Male or Female) Männlich
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* 24 Februar
4. *Place of Birth* (Street and Number) 282 Aisquith Montgomery Block
5. *Full Name of Mother* Caroline Krug
6. *Mother's Maiden Name* Caroline Geisinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Krug
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Dr Heinrich Wiemer

Address 74 Lombard Street

Remarks .....

Laws and Regulations of the City of Baltimore.

Extract Regulating the Registration of Births and Deaths in the City of Baltimore.

Extract Relating to the Duties of Physicians, Midwives, and Others in Attendance upon Births, and to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health relating to the Registration of Births and Deaths, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 27. Februar
4. *Place of Birth (Street and Number)* Monument St cor 33
5. *Full Name of Mother* Margaretha Lorenzen
6. *Mother's Maiden Name* Margarethe Lorenz
7. *Mother's Birthplace* Gr. Lusenberg bei Folvang in Laijnen
8. *Full Name of Father* Claus Lorenzen
9. *Father's Occupation* Tischler
10. *Father's Birthplace* Gr. Westrankelau Westpreußen

Name of Medical Attendant, or other Person who makes this Return. Wallenberger Mellon

Address Sterling St No 165.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 27 February

4. Place of Birth (Street and Number) Canton Street

5. Full Name of Mother Anna Daily

6. Mother's Maiden Name Anna Hirl

7. Mother's Birthplace Germany

8. Full Name of Father Thomas Daily

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sutters

Address 164 Hanley St Canton

Remarks

9856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1910 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 27th, 10
4. *Place of Birth (Street and Number)* 15. Watson Court Baltimore Md
5. *Full Name of Mother* Eudora Phillips
6. *Mother's Maiden Name* Eudora Shaffer
7. *Mother's Birthplace* Maryland, U S
8. *Full Name of Father* John Phillips
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Flemming ~~92 Albemarle St~~

Address 92. Albemarle. st Baltimore Md

Remarks Hel Stg

Extract Regulations of the Board of Health of Baltimore City.

Concerning Births and Deaths, and the Duties of Physicians, Midwives, and Others in the City of Baltimore.

Correct Record of Vital Statistics to be Kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 27th 1876

4. Place of Birth (Street and Number) No. 91 Johnson Street

5. Full Name of Mother Lydia A Parker

6. Mother's Maiden Name Lydia A Watkins

7. Mother's Birthplace Maryland

8. Full Name of Father Robt. Parker

9. Father's Occupation House Carpenter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H B Noble M.D.

Address 17 Warren av

Remarks

Further Regulations of the Board of Health of Baltimore.

Duty to make Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9033

U.S. DEPARTMENT MAR 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 21st 1876
4. *Place of Birth (Street and Number)* No 63 Tennessee Ave
5. *Full Name of Mother* Mrs Hartman
6. *Mother's Maiden Name* Mrs Seitz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Hartman
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno H. Higgins

Address No 61 Tennessee Ave

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) a Colored Male in fact Was
3. *Date of Birth* Born febary 27 1876
4. *Place of Birth* (Street and Number) Hamburg Street 205
5. *Full Name of Mother* Mother name Alice Levi this is her first
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Birth place Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation* it Has no father
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Attendant By Leah Cornish

Address Waner Street 216

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Relative to Returns of Births and Deaths, and the Keeping of a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9560

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 1.
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 27th 1876
4. Place of Birth (Street and Number)	252 N. Eden St
5. Full Name of Mother	Lora Pingleb
6. Mother's Maiden Name	Cleer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Abijah Henry Pingleb
9. Father's Occupation	Shoe Packer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hayson
Address	18 Arisgill St.
Remarks	

9861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 27, 1876
4. Place of Birth (Street and Number)	No 15 Amity St
5. Full Name of Mother	Olivia Kuhn
6. Mother's Maiden Name	Olivia Ballenger
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	Robert N Kuhn
9. Father's Occupation	Engineer (Patricia Kinsdon Jayson Boy
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore in relation to Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1916
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 27 1876
4. Place of Birth (Street and Number)	No 1 East Avenue
5. Full Name of Mother	Elizabeth Schuman
6. Mother's Maiden Name	Elizabeth Ireland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Laborer
9. Father's Occupation	Richard E Ireland
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9863

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* 27 of Fetury 1876
4. *Place of Birth* (Street and Number) 6 North Spring Stret
5. *Full Name of Mother* Mary Welch
6. *Mother's Maiden Name* Mary Bias
7. *Mother's Birthplace* Synt Mary Country
8. *Full Name of Father* John Welch
9. *Father's Occupation* Hodcarry
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Maria Gordon Mid Wife

Address East Stret 6 N 7

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

98632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 27
4. *Place of Birth (Street and Number)* 271 S Durham St
5. *Full Name of Mother* Gertrud Forster
6. *Mother's Maiden Name* " Gerlach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Forster
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 285 S. Bond St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 28 1876
4. *Place of Birth (Street and Number)* No 23 Bolton Street
5. *Full Name of Mother* Henrietta Diggs
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Talbart County
8. *Full Name of Father* Henry Diggs
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Talbart County

Name of Medical Attendant, or other Person who makes this Return, Hesekiah Bosley Doctor

Address No 45 orchard street

Remarks

9866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* February 28 1876

4. *Place of Birth* (Street and Number) Brown St. No. 13

5. *Full Name of Mother* Sophia Rose

6. *Mother's Maiden Name* Sophia Tebbitt

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph A Rose

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Youraipe

Name of Medical Attendant, or other Person who makes this Return. Ellenora Stockett

Address Light st Baltimore

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9867

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Febuary 28th 5.25 A.M.

4. *Place of Birth (Street and Number)* 168 E. Fayette st Baltimore Md

5. *Full Name of Mother* Mary Gray

6. *Mother's Maiden Name* Mary Farr

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* James Gray

9. *Father's Occupation* Shipper Manufactor

10. *Father's Birthplace* Edinburgh Scotland

Name of Medical Attendant, or other Person who makes this Return. Amanda Marine

Address 327 E. Monument Street Baltimore City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics

RETURN OF A BIRTH.

9868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	28th February.
4. Place of Birth (Street and Number)	No. 3 Oliver St.
5. Full Name of Mother	Mary Hurdle.
6. Mother's Maiden Name	" Pricey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albion Hurdle.
9. Father's Occupation	Draughtsman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby.
Address	369 Cathedral St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white.

3. Date of Birth 28th February 1876

4. Place of Birth (Street and Number) 135 S. High st.

5. Full Name of Mother Elisabeth Ann Straahn.

6. Mother's Maiden Name " " Beatty

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas Bernard Straahn

9. Father's Occupation Currier

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Female 2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 28 1876
4. Place of Birth (Street and Number)	155 Montgomery st
5. Full Name of Mother	Kate Stevens
6. Mother's Maiden Name	" Farmer
7. Mother's Birthplace	Md
8. Full Name of Father	Jas R. Stevens
9. Father's Occupation	Painter
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Benson M.D
Address	164 Hanover st
Remarks	Alp

Extract Regulations of the Board of Health relating to Registration of Births, &c.

Duties of Returning Officers to Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

98.11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Feb 28th 1876

4. Place of Birth (Street and Number) No 319 N Eden Balto, Md

5. Full Name of Mother Rose Daniels Hearn

6. Mother's Maiden Name Rose Daniels

7. Mother's Birthplace Jefferson City West Virginia

8. Full Name of Father Isaac L Hearn

9. Father's Occupation Reporter & Editor of Baltimorean

10. Father's Birthplace Shenandoah County Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr W Pinkney Dunn

Address No 121 E Baltimore Street

Remarks

Extract Regulations of the Board of Health in relation to securing a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Jul 25. 1876
4. *Place of Birth (Street and Number)* No 161 Raborg St
5. *Full Name of Mother* Italy Brown
6. *Mother's Maiden Name* Milly Crump
7. *Mother's Birthplace* Westmin Va
8. *Full Name of Father* Moses Brown
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Bladinsburg Md

Name of Medical Attendant, or other Person who makes this Return. Charles Watson

Address No 252 West Raborg St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9573

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 28
4. *Place of Birth (Street and Number)* Baltimore St
5. *Full Name of Mother* Oliver Harper
6. *Mother's Maiden Name* Oliver Eltleman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Harper
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Grondi

Address Harford Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED & REGISTERED FEB 29 1876 BALTIMORE.

9511

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 of Febuary
4. Place of Birth (Street and Number)	No 147 Lellenhale St.
5. Full Name of Mother	Nancy Krouse
6. Mother's Maiden Name	Nancy Kerner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nicole Krousi
9. Father's Occupation	Labor
10. Father's Birthplace	in Switzerland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	W.P. St. No. 108
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9573

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February 28th 1876

4. Place of Birth (Street and Number) No 25 S Broadway

5. Full Name of Mother Rosa Fox

6. Mother's Maiden Name " Neuberger

7. Mother's Birthplace Germany

8. Full Name of Father Moses Fox

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9875 1/2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE CITY
MAR 1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 28th 1865.
4. *Place of Birth (Street and Number)* Columbus Avenue 129.
5. *Full Name of Mother* Charlotte Johnson
6. *Mother's Maiden Name* Charlotte Seibel
7. *Mother's Birthplace* Breidenbach Hessen Darmstadt.
8. *Full Name of Father* John Johnson
9. *Father's Occupation* Kapsigelmacher
10. *Father's Birthplace* Breidenbach Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Fortgarrison Dunbar

Address West Lynch nr. 439.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

STATE DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feby 28-1876.
4. *Place of Birth* (Street and Number)	208 Mulberry St.
5. *Full Name of Mother*	Mary Theresia Metzung
6. *Mother's Maiden Name*	Wenneth.
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	John William Metzung
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25 1876
4. Place of Birth (Street and Number)	14 Baker St West of Penna Ave
5. Full Name of Mother	Louisa L. Baker
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm Hal. Baker
9. Father's Occupation	Car Driver
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D
Address	431 Penna Ave
Remarks	

9875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 28th Febry
4. *Place of Birth* (Street and Number) 8 Pine Lt
5. *Full Name of Mother* Augusta Hohberg
6. *Mother's Maiden Name* Augusta Enzinger
7. *Mother's Birthplace* Elberfeld (Germania)
8. *Full Name of Father* Valentin Hohberg
9. *Father's Occupation* Agent
10. *Father's Birthplace* Prezia Germania

Name of Medical Attendant, or other Person who makes this Return. Dr Gustavus Finkey

Address 439 Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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MISSING

9879

RETURN OF A BIRTH.

9850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
MAR
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	coled
3. Date of Birth	Feb 28 1876
4. Place of Birth (Street and Number)	N & chapel st cort
5. Full Name of Mother	Ma Eliza A Swan
6. Mother's Maiden Name	Eliza M Swan
7. Mother's Birthplace	St marys County md
8. Full Name of Father	Thomas Borden
9. Father's Occupation	Steedod
10. Father's Birthplace	St miele md
Name of Medical Attendant, or other Person who makes this Return	Harid Buten
Address	67 ann st
Remarks	7 months from a fall

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Mrs Mary Taylor

1. *Sex* (state whether Male or Female) A child girl Cleveland male

2. *Race or Color* (if not of the white race) colored

3. *Date of Birth* Sun February 27th 1876

4. *Place of Birth* (Street and Number) Vincent Alley No 23

5. *Full Name of Mother*

6. *Mother's Maiden Name* Mary Brown

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Mathias Taylor

9. *Father's Occupation* R. Laboring man

10. *Father's Birthplace* Kingstown N a

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address 2212 Dover st

Remarks Husband was away could not tell where he was from until his return

---

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr 28
4. Place of Birth (Street and Number)	Bruce St four doors W. of Pratt
5. Full Name of Mother	Dina Held
6. Mother's Maiden Name	Steinbeck
7. Mother's Birthplace	Darmstadt Provinz Oldenburg
8. Full Name of Father	J. Held
9. Father's Occupation	Laborer
10. Father's Birthplace	Borgentreich Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Tenmiller
Address	Bruce St (J Held four doors West of Pratt
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

98.63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1876
BALTIMORE

of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)	1
Sex (state whether Male or ~~Female~~)	Male
Race or Color (if not of the white race)	
Date of Birth	Feb 28th
Place of Birth (Street and Number)	130 Oxford St
Full Name of Mother	Jane Perkins
Mother's Maiden Name	—
Mother's Birthplace	Maryland
Full Name of Father	Peter Perkins
Father's Occupation	Contractor
Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	M. Shytinn M.D.
Address	192 Pearl St
Remarks	

RETURN OF A BIRTH.

9884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 20 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 28th 76
4. Place of Birth (Street and Number)	179 Baine st
5. Full Name of Mother	Johanna Thurn
6. Mother's Maiden Name	Sullivan
7. Mother's Birthplace	Balto city
8. Full Name of Father	Henry Thurn
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J Heuisler
Address	76 E Pacast
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 28. 76
4. Place of Birth (Street and Number)	Boundary Ave
5. Full Name of Mother	Mary Conway
6. Mother's Maiden Name	Rowles
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas Conway
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. H. Kent M.D.
Address	50 N Gay st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9856

HEALTH DEPARTMENT
MAR 3 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* February 28th 1876

4. *Place of Birth* (Street and Number) No 201 Barre St

5. *Full Name of Mother* Mary Grisella Jones

6. *Mother's Maiden Name* Mary G. Rawlings

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Richard Montgomery Jones

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Thomas & Owens

Address Dr Jas A. Stuart

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 and 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Febuary 28 1876
4. *Place of Birth* (Street and Number) No 886 Pratt St
5. *Full Name of Mother* Henrietti Bornman.
6. *Mother's Maiden Name* Henrietti Wideman
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* Adam Bornman
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germeny

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 29 Monro St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9888

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 28th 76

4. Place of Birth (Street and Number) 178 Scott st

5. Full Name of Mother Mary Leaherst

6. Mother's Maiden Name Beard

7. Mother's Birthplace B City

8. Full Name of Father Joseph B Leaherst

9. Father's Occupation Stonecutter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J Kleyhauer

Address 76 E Pratt St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9859

DEPARTMENT MAR 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 28 february 1876
4. *Place of Birth* (Street and Number) 31 north wolf st
5. *Full Name of Mother* mary va more
6. *Mother's Maiden Name* mary va pinson
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* henry h more
9. *Father's Occupation* carpenter
10. *Father's Birthplace* east fayette greene co. n y

Name of Medical Attendant, or other Person who makes this Return. mary conner

Address 163 chapstank st.

Remarks

RETURN OF A BIRTH.

9890

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 29
4. *Place of Birth (Street and Number)* Baltimore County
5. *Full Name of Mother* Cate Burgain
6. *Mother's Maiden Name* Cate Bruner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Burgain
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Casandh Trout.

Address Harford Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9891

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	29th of Feb 1876
4. Place of Birth (Street and Number)	131 Hill Street.
5. Full Name of Mother	Mary Ann Harris
6. Mother's Maiden Name	Mary Ann Carriday
7. Mother's Birthplace	City
8. Full Name of Father	Saml C Harriday
9. Father's Occupation	Brickmaker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	J Miller Gross
Address	Patapsco Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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9892

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 29th 1876

4. Place of Birth (Street and Number) Baltimore Parkhurst No 90

5. Full Name of Mother Lizzie Mc. Carthy

6. Mother's Maiden Name Russle

7. Mother's Birthplace Washington

8. Full Name of Father John Mc. Carthy

9. Father's Occupation Carpenter

10. Father's Birthplace Frederick

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 3 E Pratt st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 29th 1876
4. Place of Birth (Street and Number)	No 274 Sharp st
5. Full Name of Mother	Elisabeth Tepfer
6. Mother's Maiden Name	Braun.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Tepfer
9. Father's Occupation	Baker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schlasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

95911

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 29th 1876
4. Place of Birth (Street and Number)	283 North Ann St
5. Full Name of Mother	Mary Wheeler
6. Mother's Maiden Name	Mary Thompson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Wheeler
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	111 Greenmount Ave
Remarks	

9896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th of February
4. *Place of Birth (Street and Number)* Baltimore, Bank. N.1°. 261
5. *Full Name of Mother* Susie Elizabeth Boston
6. *Mother's Maiden Name* Collins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Marcellus Boston
9. *Father's Occupation* Can. Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 a
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	29 of February
4. Place of Birth (Street and Number)	No 8 Bolton Street
5. Full Name of Mother	Ansheline Sheirdon
6. Mother's Maiden Name	" " " Greenwood
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Sheirdon
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Anna Tickle
Address	59 Richmond St
Remarks	

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RETURN OF A BIRTH.

9897

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	February 29th 1876.
4. Place of Birth (Street and Number)	No. 4. Henry St.
5. Full Name of Mother	Jane Carr.
6. Mother's Maiden Name	Jane Milport.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Michel Carry
9. Father's Occupation	Laboror
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner.
Address	No. 29. Elizabeth Lane.
Remarks	Died 3d March. of Infantile Convulsions

9898

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2 nd
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Feb 29 th 1876
4. Place of Birth (*Street and Number*)	16 Warner St
5. Full Name of Mother	Mary Kenckel
6. Mother's Maiden Name	Appelgarth
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Lewis Kenckel
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. G. Worrall M.D.
Address	No 203 Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 27 1876
4. *Place of Birth (Street and Number)* 14 Chestnut Alley
5. *Full Name of Mother* Mary E. ~~Baltimore~~ Brown
6. *Mother's Maiden Name* Mary E. Brown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bailey

Address No 95 Orchard Street

Remarks

Extract Regulations of the Board of Health relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st	1st
1. Sex (state whether Male or Female)	Male	Male
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	29th Feby	29th Feby 1876
4. Place of Birth (Street and Number)	196 West Biddle	196 West Biddle
5. Full Name of Mother	Ellen Cornelia Smith	Ellen Cornelia Smith
6. Mother's Maiden Name	" " Pickett	" " Pickett
7. Mother's Birthplace	Virginia	Virginia
8. Full Name of Father	John R. Smith	John R. Smith
9. Father's Occupation	Mariner	Mariner
10. Father's Birthplace	Va	Virginia
Name of Medical Attendant, or other Person who makes this Return.		Geo. B. Reynolds M.D.
Address		824 North Calvert St
Remarks		

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 27th 1876
4. Place of Birth (Street and Number)	Fall Road
5. Full Name of Mother	Sarah E. Johnson
6. Mother's Maiden Name	Sarah E. Richmond
7. Mother's Birthplace	Balto City
8. Full Name of Father	James H. Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Hartford County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Alice A Richmond
Address	183 Lee St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	713 E. Eutaw St.
4. Place of Birth (Street and Number)	Feb 29th 1876
5. Full Name of Mother	Mary E. Simering
6. Mother's Maiden Name	Mary E. Turner
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Lewis H. Simering
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Richmond
Address	183 Lee St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 children

1. *Sex* (state whether Male or Female) last a girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 29th of Febuary 1876
4. *Place of Birth* (Street and Number) corner Monument and Madeirian Alley
5. *Full Name of Mother* Mary Fucht
6. *Mother's Maiden Name* Mary Homan
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Homan
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Frederick Kunkel

Address 71 Northchapel st per Frederick Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9901

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb. 29th 1876
4. *Place of Birth* (Street and Number) 106 Mulliken St.
5. *Full Name of Mother* Maggie Jane Bigger
6. *Mother's Maiden Name* " Reposh "
7. *Mother's Birthplace* York County. Pa "
8. *Full Name of Father* John Bigger.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Baltimore city.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sawin M.D.

Address 133 Jefferson St.

Remarks

RETURN OF A BIRTH.

9905

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 24 Feb 1876

4. *Place of Birth* (Street and Number) No 342 William Street

5. *Full Name of Mother* Sarah E Pennington

6. *Mother's Maiden Name* Sprigg E Greenlee

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* William F Pennington

9. *Father's Occupation* Brickman

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune.

Address 114 Battery Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st N

1. Sex (state whether Male or Female) Fml

2. Race or Color (if not of the white race) Colored

3. Date of Birth Feb 29th 1876

4. Place of Birth (Street and Number) 104 Burgundy alley

5. Full Name of Mother Maggie Birkens

6. Mother's Maiden Name

7. Mother's Birthplace Accomack County Va

8. Full Name of Father Nathan Birkens

9. Father's Occupation Laborer

10. Father's Birthplace Accomack Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address No 71 Burgundy D Thomas

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	11 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 Feb
4. Place of Birth (Street and Number)	149 S Gaw St
5. Full Name of Mother	Ellen Duecker
6. Mother's Maiden Name	Rheig
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Ducker
9. Father's Occupation	Oyster Business
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuon
Address	325 S Eutaw St.
Remarks	B Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Fifth.

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Feb 29th 1876.
4. *Place of Birth* (*Street and Number*) 235 E. Lombard St.
5. *Full Name of Mother* Margaret Keys
6. *Mother's Maiden Name* Hacker
7. *Mother's Birthplace* Balt. Md.
8. *Full Name of Father* John Keys
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Philadelphia, Penna.

Name of Medical Attendant, or other Person who makes this Return. G. Wagner Kunkel M.D.

Address Balt & Arch. Sts.

Remarks Breech presentation.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
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BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 29th of February 1876
4. *Place of Birth* (Street and Number) 78 N. Chatham St
5. *Full Name of Mother* Emma Buchanan
6. *Mother's Maiden Name* Emma Bute
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Buchanan
9. *Father's Occupation* Tailor
10. *Father's Birthplace* United States Northumberland

Name of Medical Attendant, or other Person who makes this Return. Jno. Lucas

Address # 20 S. Chatham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 29th 1876
4. Place of Birth (Street and Number)	No 136 S. Wolf st.
5. Full Name of Mother	Amelia Brink
6. Mother's Maiden Name	" Schultz
7. Mother's Birthplace	Germany
8. Full Name of Father	Anton Brink
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	120 Bank st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 15th 1875

4. Place of Birth (Street and Number) cor. Lexington & St. Paul Sts.

5. Full Name of Mother Mathilde Dohorr

6. Mother's Maiden Name

7. Mother's Birthplace Germany

8. Full Name of Father Charles Dohorr

9. Father's Occupation Restaurant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Henry Salzer

Address 165 W. Lombard St.

Remarks

...of Health to secure a full and ...ties to the City of Baltimore.

...ny physician, accoucheur, midwife, or other ... shall attend ... advise at the birth of any child, within the City of Baltimore, shall report to the Register of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether ... of the parents, and the maiden name ... child or children.

RETURN OF A BIRTH.

9912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 7th 1875
4. Place of Birth (Street and Number)	Corner Huntington & Maryland Ave's.
5. Full Name of Mother	Julia E. Ware
6. Mother's Maiden Name	" " Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert G. Ware Jr.
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Henry Salzer
Address	765 W. Lombard St.
Remarks	

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 2nd September 75

4. Place of Birth (Street and Number) No 280 Chew St Baltimore

5. Full Name of Mother Mary Louisa Bowie

6. Mother's Maiden Name Mary Louisa Rehrer

7. Mother's Birthplace Baltimore

8. Full Name of Father James Clinton Bowie

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Isaiah Ober

Address 419 N. Gay St Baltimore, Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9911

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
8
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	2 of September 187[illegible]
4. Place of Birth (Street and Number)	Columbiastreet N. 193.
5. Full Name of Mother	Anna Margaretha Hümmel
6. Mother's Maiden Name	Grubert.
7. Mother's Birthplace	Blainbernheim Bajern
8. Full Name of Father	Franz Lenard Hümmel.
9. Father's Occupation	tinner
10. Father's Birthplace	Stub Bayern
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore, relative a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 2d 1875
4. *Place of Birth (Street and Number)* 11 Columbia St.
5. *Full Name of Mother* Minnie Kabernagel
6. *Mother's Maiden Name* Stang
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm H. Kabernagel
9. *Father's Occupation* Dealer in Fancy Goods
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Henry Salzer

Address 165 W. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
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1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child. William Worsell
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25 November 1873
4. Place of Birth (Street and Number)	Baltimore 67 Russell St.
5. Full Name of Mother	Eliza Worsell
6. Mother's Maiden Name	Susan Butler 173 West St.
7. Mother's Birthplace	Anne Arundal Co.
8. Full Name of Father	John Worsell
9. Father's Occupation	Cook
10. Father's Birthplace	Calvert
Name of Medical Attendant, or other Person who makes this Return.	Dr Geo. Benson
Address	
Remarks	

Samuel Worsell 2nd Born 1874 March 3. Nellie Born 20 June 1876.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 25th 1875
4. Place of Birth (Street and Number)	Pratt St. 302.
5. Full Name of Mother	Margaret Bert.
6. Mother's Maiden Name	M. Krauskopf.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Peter Bert.
9. Father's Occupation	Hat Dealer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Henry Salzer
Address	165 W. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec 25 1875
4. *Place of Birth (Street and Number)* Baltimore No 2 Wilmore Alley
5. *Full Name of Mother* Jennie Roberson
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Eastern Shore Md
8. *Full Name of Father* Rasam Roberson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Richmond

Name of Medical Attendant, or other Person who makes this Return. Mary A. Dorsey

Address 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 5th 1876
4. *Place of Birth (Street and Number)* 153 Mosher St
5. *Full Name of Mother* Virginia Bucknell Hynson
6. *Mother's Maiden Name* Virginia Bucknell Sanders
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Edwin Hynson
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Balt.

Name of Medical Attendant or other Person who makes this Return. D.F. Donaldson

Address 108 Parkman Balt.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9920

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Jan 5th 1876
4. *Place of Birth* (*Street and Number*) 1 Washington St
5. *Full Name of Mother* Agnes Alexia Kearney
6. *Mother's Maiden Name* " " Whalen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Joseph Kearney
9. *Father's Occupation* Boss Scrubber
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Thos J Kearney

Address 1 Washington St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 13th 1876

4. Place of Birth (Street and Number) 60 Block East

5. Full Name of Mother Elinor Mc Mullen

6. Mother's Maiden Name Adams

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Mc Mullen

9. Father's Occupation Tobacconist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. D. Blake M.D.

Address 207 Eutaw Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
19
1776
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 16th 1876
4. Place of Birth (Street and Number)	371 E. Pratt St.
5. Full Name of Mother	Helene Wehr
6. Mother's Maiden Name	" Kobelmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Augustus Wehr
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	L. Henry Fisher
Address	165. W. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 1st 1876

4. Place of Birth (Street and Number) E. N. Holl St.

5. Full Name of Mother Ellen Selina Lankdin

6. Mother's Maiden Name " "

7. Mother's Birthplace Baltimore

8. Full Name of Father Thos. A. Lankdin

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Emma D. Price M.D.

Address 57 Eastern Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9921

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 19. 1876

4. Place of Birth (Street and Number) 744 N. Lombard st

5. Full Name of Mother Mrs Rich. Childs

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father Richard Childs

9. Father's Occupation Mechanic

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. H. C. Walton

Address 581 Lexington st

Remarks

(Mulatto by Mistake)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W
3. Date of Birth	Jan. 22. 76
4. Place of Birth (Street and Number)	248 N. Ann St.
5. Full Name of Mother	Kath. E. Phillips
6. Mother's Maiden Name	Potter
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wm R. Phillips
9. Father's Occupation	Painter
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. F. Reynolds M.D
Address	186 Aisquith St
Remarks	

9926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 22. 1876
4. Place of Birth (Street and Number)	# 295 Sixteenth St.
5. Full Name of Mother	Elizth. Sterling Cox
6. Mother's Maiden Name	" " Thomas
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Arthur Cox
9. Father's Occupation	Carpinter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N Carolina St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 23. 1876
4. Place of Birth (Street and Number)	No. 332 E. Chase St.
5. Full Name of Mother	Eliz^th. Farrell
6. Mother's Maiden Name	" Fitzpatrick
7. Mother's Birthplace	Brooklyn, New York
8. Full Name of Father	John Farrell
9. Father's Occupation	Gas Inspector
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23-th of January 1876
4. Place of Birth (Street and Number)	164 East street Baltimore Md.
5. Full Name of Mother	Jennie Bell
6. Mother's Maiden Name	Jennie Kilduff
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thomas Bell
9. Father's Occupation	Stone-cutter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Wilson
Address	35 Forrest street
Remarks	Perfect

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	South
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 30. 1876
4. Place of Birth (Street and Number)	# 330 N Caroline St
5. Full Name of Mother	Sarah A. Gorsuch
6. Mother's Maiden Name	" " Griffin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John T. Gorsuch
9. Father's Occupation	Justice of the Peace
10. Father's Birthplace	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman Md.
Address	# 305 N Caroline
Remarks	

rect Record of Vital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

99.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 5 Febr. 1876
4. *Place of Birth* (Street and Number) 312 Saratoga St.
5. *Full Name of Mother* Frida Steiner
6. *Mother's Maiden Name* Frida Peles
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Steiner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. E. Lape. M. D.

Address 55 N. Eutaw St. Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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MISSING

~~#~~ 9930

9931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 Febr. 1876
4. Place of Birth (Street and Number)	312 Saratoga St.
5. Full Name of Mother	Frida Steines
6. Mother's Maiden Name	Frida Peles
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Steines
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. E. Cape. M. D
Address	55 N. Eutaw St. Baltimore
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 14. 1876
4. Place of Birth (Street and Number)	* 44 N High st.
5. Full Name of Mother	Margaret Edwards
6. Mother's Maiden Name	" McCleary
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thomas Edwards
9. Father's Occupation	Tailor
10. Father's Birthplace	London, England
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	* 305 N Caroline st.
Remarks	

RETURN OF A BIRTH.

9933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Feb 4. 1876
4. Place of Birth (Street and Number)	Liberty Road
5. Full Name of Mother	Fanny Young
6. Mother's Maiden Name	Fanny Emory
7. Mother's Birthplace	Balt City
8. Full Name of Father	Samuel Young
9. Father's Occupation	Laborer
10. Father's Birthplace	Balt. County
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown MD
Address	201 W. Biddle St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 15. 1876
4. Place of Birth (Street and Number)	# 576 Aisquith St.
5. Full Name of Mother	Kate M. Alexander
6. Mother's Maiden Name	" " Lindsey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Robert Alexander
9. Father's Occupation	Beef Butcher
10. Father's Birthplace	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Kaufman M.D.
Address	# 305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract. Regulations of the Board of Health relative to securing a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth Feb. 19th 1876.

4. Place of Birth (Street and Number) #509 Light St.

5. Full Name of Mother Margaret C. Norwood.

6. Mother's Maiden Name Gilbert.

7. Mother's Birthplace Frederick County Md.

8. Full Name of Father Thomas M. Norwood.

9. Father's Occupation Fireman, B. O. R-R.

10. Father's Birthplace Frederick County Md.

Name of Medical Attendant, or other Person who makes this Return. J. W. White M.D.

Address #843 W. Baltimore St.

Remarks Child Healthy.

1935

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 20th February
4. *Place of Birth* (Street and Number) 1n 63 Scott St
5. *Full Name of Mother* Maggie A. Silance
6. *Mother's Maiden Name* Maggie A. Etchison
7. *Mother's Birthplace* Howard County
8. *Full Name of Father* Geo. H. Silance
9. *Father's Occupation* Pullman Car Conductor
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M D

Address 141 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 24th 1876
4. *Place of Birth (Street and Number)* Hanford av near Point lane
5. *Full Name of Mother* Ellanora Miller
6. *Mother's Maiden Name* " | Shaner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Vincent Miller
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address # 305 N Caroline St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25th February 1876
4. Place of Birth (Street and Number)	11 N. Madison Court Baltimore Md
5. Full Name of Mother	Lottie Jefferson
6. Mother's Maiden Name	Kattie Taylor
7. Mother's Birthplace	Brandon Virginia
8. Full Name of Father	William Jefferson
9. Father's Occupation	Oyster Opener
10. Father's Birthplace	Baltimore Md Charlotte Hilton
Name of Medical Attendant, or other Person who makes this Return.	
Address	35 Forest St.
Remarks	perfect

SEP 13 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th February
4. Place of Birth (Street and Number)	No 73 Sharp St
5. Full Name of Mother	Maggie L. Stovall
6. Mother's Maiden Name	Maggie L. Metter
7. Mother's Birthplace	Balto City
8. Full Name of Father	Henry L. Stovall
9. Father's Occupation	Has None
10. Father's Birthplace	Anne Arundel County
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	141 Hanover St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 28. 1876
4. Place of Birth (Street and Number)	#451 N. Central Ave.
5. Full Name of Mother	Mary E. Bauer
6. Mother's Maiden Name	" " Craft
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph F. Bauer
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. A. Hartman M.D.
Address	# 205 N. Caroline St.
Remarks	

9940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 1 ot 1876
4. *Place of Birth (Street and Number)* No 292 East Lombard sts
5. *Full Name of Mother* Elizabeth Schwartz bopf.
6. *Mother's Maiden Name* " Krob
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Schwartz bopf.
9. *Father's Occupation* Wagonner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address 120 Bank sts

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

99111

HEALTH DEPT
MAR
1876
BAL MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mul
3. *Date of Birth* March 1st 1876
4. *Place of Birth (Street and Number)* No 140 Eager st
5. *Full Name of Mother* Anna Koch
6. *Mother's Maiden Name* Anna Locher
7. *Mother's Birthplace* Lafayette
8. *Full Name of Father* Louis Koch
9. *Father's Occupation* Colored Porter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jesse H Megee

Address No 131 E Pleasant st

Remarks

RETURN OF A BIRTH.

99112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth March 1st 1876

4. Place of Birth (Street and Number) 200 Division St

5. Full Name of Mother Maggie M Connell Rausch

6. Mother's Maiden Name

7. Mother's Birthplace Balto city

8. Full Name of Father John H. Connell

9. Father's Occupation Carpenter

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. F. J. Heaney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ng to secure a full and cor-
...s in the City of Baltimore.

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...ular Regulations of the Board of Health in relation to the Duties of Physicians and Others in the Correct Record of Vital Statistics in the City of Baltimore.

9913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Weiss
3. Date of Birth	May 1d. 1876
4. Place of Birth (Street and Number)	218 Molken Stret
5. Full Name of Mother	Martha Malteis
6. Mother's Maiden Name	Martha Lower
7. Mother's Birthplace	Germane
8. Full Name of Father	Fridrich W. Malteis
9. Father's Occupation	Gonis Maker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie Rudiger
Address	r 134 N. Bond Stret
Remarks	

9944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 1st 1876
4. *Place of Birth* (Street and Number)	No 107 Gay St.
5. *Full Name of Mother*	Mary France
6. *Mother's Maiden Name*	Mary Lee
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Henry France
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 209 Monument N. Cor. Central Avenue Balto.
Remarks	Well

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1. 1876
4. Place of Birth (Street and Number)	Greenmount Av
5. Full Name of Mother	Parsons
6. Mother's Maiden Name	Gosnell
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	William Parsons
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	B. B. Browne M.D.
Address	317 Madison Av
Remarks	

9946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1876
4. Place of Birth (Street and Number)	76 Hamburg St
5. Full Name of Mother	Sallie Johnston
6. Mother's Maiden Name	Sallie Fisher
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thos. J. Johnston
9. Father's Occupation	Agriculturalist
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1
4. *Place of Birth (Street and Number)* Baltimore Monument ste 438
5. *Full Name of Mother* Henrietta E Campbell
6. *Mother's Maiden Name* Henrietta Orond
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George H Campbell
9. *Father's Occupation* Boliceman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hannah Orond

Address Harford Avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) American race
3. *Date of Birth* March 1st 1876
4. *Place of Birth* (Street and Number) Dallas-St # 226
5. *Full Name of Mother* Margaretta Dew
6. *Mother's Maiden Name* " " Abel
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Markin Dew
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Bayou Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Neely

Address 48 Holland St Balto City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. *Sex* (state whether Male or Female) Male,
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* 1th of March 1876
4. *Place of Birth* (Street and Number) Nr 15 Baker st,
5. *Full Name of Mother* Mary A. ~~Hance~~ Drackler,
6. *Mother's Maiden Name* Mary A Hance,
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Henry Drackler,
9. *Father's Occupation* Label work,
10. *Father's Birthplace* in Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Midwife Rosa Engelbrecht.

Address No 14 Union st,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1876
4. Place of Birth (Street and Number)	287 N. Broadway
5. Full Name of Mother	Anna Virginia Kuster
6. Mother's Maiden Name	Anna Virginia Leaverton
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles Frederick Kuster
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	S. W. Hoeck M.D.
Address	95 E. Baltimore St.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3

1. *Sex (state whether Male or Female)* a girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1. 1876.
4. *Place of Birth (Street and Number)* City of Baltimore Scotts treet No. 174
5. *Full Name of Mother* Catharina Henrietta Eberlein
6. *Mother's Maiden Name* Catharina Henrietta Dinges
7. *Mother's Birthplace* Mersfeld Rhinebavaria
8. *Full Name of Father* Conrad Eberlein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hla Curhessen

Name of Medical Attendant, or other Person who makes this Return. Miss Streng

Address No 32. Loadenhall Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1932

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 2 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race). White

3. Date of Birth March 1st

4. Place of Birth (Street and Number) 252 Hamburg St

5. Full Name of Mother Mary Neubert

6. Mother's Maiden Name " Späth

7. Mother's Birthplace Baltimore

8. Full Name of Father John Neubert

9. Father's Occupation Cigar Maker

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Kerl

Address 328 Guilford Avenue

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1933

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 1st 76

4. Place of Birth (Street and Number) 21 Jenkins Alley

5. Full Name of Mother Celia Barnes

6. Mother's Maiden Name Celia Willis

7. Mother's Birthplace Chas Co Maryland

8. Full Name of Father Edward Barnes

9. Father's Occupation Barber

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 180 Linden Ave

Remarks L. O. a - natural

rect Record of Vital Statistics in the City of Baltimore.

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9934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
5
876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 1st 1876
4. *Place of Birth* (Street and Number) No 77 Aisquith Broadway
5. *Full Name of Mother* Gertrude A. Gray
6. *Mother's Maiden Name* Gertrude A. Dipert
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* Benjamin F. Gray
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Calvert County Maryland.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7955

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) White Male

2. Race or Color (if not of the white race)

3. Date of Birth March the first [illegible]

4. Place of Birth (Street and Number) No 82 Edmondson st

5. Full Name of Mother Margret Ann [illegible] Keers

6. Mother's Maiden Name Margret Ann Lupp

7. Mother's Birthplace Baltimore

8. Full Name of Father George Washington Keers

9 Father's Occupation Wood Worker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm Ed Ball

Address No 171 Chester st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1876
4. Place of Birth (Street and Number)	Baltimore York Street No. 101
5. Full Name of Mother	Margret Young
6. Mother's Maiden Name	" Vansant
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Young
9. Father's Occupation	Galemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 202. South. Charles Street
Remarks	

RETURN OF A BIRTH.

9957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4 1876
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Forthe. (
1. Sex (state whether Male or Female)	Male "
2. Race or Color (if not of the white race)	White "
3. Date of Birth	March. 1th. first
4. Place of Birth (Street and Number)	221 ~~Green~~ So. Paca
5. Full Name of Mother	Sarah. the. 6th.
6. Mother's Maiden Name	Sarah Jane. Brodt
7. Mother's Birthplace	Baltimore. City.
8. Full Name of Father	Albert. J. Clarey
9. Father's Occupation	iron. Molder
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Gradman.
Address	Albert J. Clarey
Remarks	The Child is Alive and Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st
4. Place of Birth (Street and Number)	Mt Vernon Place cor of Charles
5. Full Name of Mother	Alice Lee Thomas.
6. Mother's Maiden Name	Alice Lee Whitridge
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Douglas Hamilton Thomas.
9. Father's Occupation	Broker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M D.
Address	
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth 1st of March.

4. Place of Birth (Street and Number) Dale St. No. 78.

5. Full Name of Mother Fanny Parsons.

6. Mother's Maiden Name " Parkes.

7. Mother's Birthplace Baltimore.

8. Full Name of Father George Parsons.

9. Father's Occupation Flagman.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

9960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st 1876
4. *Place of Birth (Street and Number)* #29 North Washington St.
5. *Full Name of Mother* Catharina Fleckenstein
6. *Mother's Maiden Name* Catharina Walter
7. *Mother's Birthplace* Wirtemberg Wirtemberg
8. *Full Name of Father* Sebastian Fleckenstein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hechelheim Bavaria

Name of Medical Attendant, or other Person who makes this Return. G. H. Lackey

Address #23 S. Haven St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

N. 62.

9961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 1. 1876
4. Place of Birth (Street and Number)	Saukt Paetels str N. 52
5. Full Name of Mother	Katharina Focher
6. Mother's Maiden Name	Katharina Ostheimer
7. Mother's Birthplace	Ostheim Baiern
8. Full Name of Father	Julius Focher
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Wittenberg in Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rumpeth
Address	Saukt Wolfgang No 28.
Remarks	Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1876
4. Place of Birth (Street and Number)	Baltimore Lombard St. 142
5. Full Name of Mother	Mary Ellison
6. Mother's Maiden Name	" Ward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Ellison
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Perkins st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	6te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 1. 1876.
4. Place of Birth (Street and Number)	Saint Wolfstr No 28.
5. Full Name of Mother	Josepha Breitenbach
6. Mother's Maiden Name	Josepha Hartmann
7. Mother's Birthplace	Frambach Baiern
8. Full Name of Father	Gasper Breitenbach
9. Father's Occupation	Kooper
10. Father's Birthplace	Frambach Baiern
Name of Medical Attendant, or other Person who makes this Return.	Ms Johanna Rampach
Address	Saint Wolfstr No 28
Remarks	Ms Hebamme

9964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~1st~~ 6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st March
4. Place of Birth (Street and Number)	230 S. Charles St.
5. Full Name of Mother	Catherin E. Widman
6. Mother's Maiden Name	Catherin E. Haas
7. Mother's Birthplace	Wolfsrod Kur Hessen
8. Full Name of Father	John Widman
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fisher
Address	No 11 South Eutaw street Baltimore
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 9965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 1st. 1876

4. *Place of Birth (Street and Number)* No N. Bond st.

5. *Full Name of Mother* Mrs. Sarah E. Ellender

6. *Mother's Maiden Name* Sarah Elizabeth Collins

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Mr. Charles E. Ellender

9. *Father's Occupation* Tinner

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Wm H. Clendinen

Address No. 93 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 1870

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 1st
4. *Place of Birth* (Street and Number) Cor Mild & Chesnut Sts
5. *Full Name of Mother* Maggie Meyer
6. *Mother's Maiden Name* Maggie Doctah
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Meiper
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dzumbler

Address Schroeder Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9967

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 13 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex* (state whether Male or Female)	Male Child
2. *Race or Color* (if not of the white race)	Colored Child
3. *Date of Birth*	Born 2 March 1876
4. *Place of Birth* (Street and Number)	No. 9. Plowman St
5. *Full Name of Mother*	Mary E [redacted] Curtis
6. *Mother's Maiden Name*	Mary Ellen Rollings
7. *Mother's Birthplace*	Baltimore M D
8. *Full Name of Father*	Peter Curtis
9. *Father's Occupation*	Oysters Shucker
10. *Father's Birthplace*	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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9968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 2. ~~Baltimore County~~
4. Place of Birth (Street and Number) Baltimore County
5. Full Name of Mother Mary Buhler
6. Mother's Maiden Name Mary Buehler
7. Mother's Birthplace Germany
8. Full Name of Father Andrew Buhler
9. Father's Occupation Labour
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Isaiah Arond

Address Harford Avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3, d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 2d 1876
4. Place of Birth (Street and Number)	362 Hanover Street.
5. Full Name of Mother	Wilhelmina Busch
6. Mother's Maiden Name	" " " Müller
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Busch
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharina Münch
Address	74 Leadenhall Street
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	March 2d 1876.
4. Place of Birth (Street and Number)	149. S. Paca St.
5. Full Name of Mother	Susan M. Long.
6. Mother's Maiden Name	" " Nix.
7. Mother's Birthplace	Missouri.
8. Full Name of Father	Henry Long.
9. Father's Occupation	Conductor.
10. Father's Birthplace	West. Va.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	158. S. Sharp St.
Remarks	Breech Presentation, Instrumental delivery. Child living & healthy.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1971

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 2d
4. *Place of Birth* (Street and Number) 870 N. Pratt St
5. *Full Name of Mother* Pauline Glaenzer
6. *Mother's Maiden Name* P. Wagner
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Chas. F. Glaenzer
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Hessen-Cassel

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 29 Monroe St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1972

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 11th

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) Col'd Race
3. *Date of Birth* 2nd March 1876
4. *Place of Birth* (Street and Number) 99 N Dallas st
5. *Full Name of Mother* Ann Matilda Church
6. *Mother's Maiden Name* " " Harris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H Church
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Somerset County Md

Name of Medical Attendant, or other Person who makes this Return. Wm H Russell

Address N W Cor Broadway & Madison st

Remarks

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9973

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether Male or Female)	Mall
2. Race or Color (if not of the white race)	
3. Date of Birth	March the seccond 1876
4. Place of Birth (Street and Number)	Number 6 point lane
5. Full Name of Mother	Louisa Gill
6. Mother's Maiden Name	Sadler
7. Mother's Birthplace	Germany
8. Full Name of Father	George W Gill
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 M. Donogh st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9971

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One the first

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* The 2d Day of March at 4.o.clk a.m.
4. *Place of Birth (Street and Number)* 216 Hanover St
5. *Full Name of Mother* Sarah Ann Stafford age 24 years
6. *Mother's Maiden Name* Sarah ann Stafford
7. *Mother's Birthplace* Cambridge Dorchester County Md.
8. *Full Name of Father* James Henry Stafford age 25 years
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Cambridge Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Charity Brown

Address 200 E. Winter St. South Baltimore

Remarks Of James Henry Stafford and wife to the Registrar of vital Statistic B of H.

9973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* 2th of March 1876.
4. *Place of Birth* (Street and Number) No 245 Penne. Avenue,
5. *Full Name of Mother* Aemila, Graves,
6. *Mother's Maiden Name* Aemila, Jaehany
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Otto Graves,
9. *Father's Occupation* a Cigar maker,
10. *Father's Birthplace* in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engeldinger

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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9976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether [redacted] or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2d 1976
4. Place of Birth (Street and Number)	Lynnolia County Md
5. Full Name of Mother	Catharine Shaffer
6. Mother's Maiden Name	Burke
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Shaffer
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	McConney
Address	
Remarks	Child Well

rect Record of Vital Statistics in the City of Baltimore.

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9977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2th. 1876.
4. Place of Birth (Street and Number)	Fountain st N° 7
5. Full Name of Mother	Johanna Dietzler
6. Mother's Maiden Name	Johanna Kinnetner
7. Mother's Birthplace	Hessen Germ
8. Full Name of Father	John Dietzler
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Darmstadt. Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Aisquith st

rect Record of Vital Statistics in the City of Baltimore.

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9978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2d / 76.
4. Place of Birth (Street and Number)	Commonier's Court.
5. Full Name of Mother	Rosa Dougherty
6. Mother's Maiden Name	Rosa Kissner
7. Mother's Birthplace	Bayern. Germ
8. Full Name of Father	John Dougherty
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Midwife.
Remarks	320 allie Anna st.

rect Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

RETURN OF A BIRTH.

9979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5`

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 March
4. *Place of Birth (Street and Number)* 27 Steele Str
5. *Full Name of Mother* Minnie Johnsont
6. *Mother's Maiden Name* Minnie Klien
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Karl Johnsont
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT MAR 4 1816 BALTIMORE

RETURN OF A BIRTH.

9980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 2 March
4. *Place of Birth* (Street and Number) 125 Central Ave
5. *Full Name of Mother* Louisa Doll
6. *Mother's Maiden Name* Louisa Lepper
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Joseph Doll
9. *Father's Occupation* None
10. *Father's Birthplace* Brooklin

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

9981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1876 BALTI...

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second —

1. *Sex (state whether Male or Female)* Female —

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 2d 1876

4. *Place of Birth (Street and Number)* 2. Fayette near Washington

5. *Full Name of Mother* Margret Shaw

6. *Mother's Maiden Name* n Williams

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* Capt Wm Shaw

9. *Father's Occupation* Sea Captain

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. A. Dohme. M.D.

Address No. 2. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1876 BALTI

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) French
3. Date of Birth March 2 1876
4. Place of Birth (Street and Number) Flat from Lyeunie No 2
5. Full Name of Mother Anna Briget
6. Mother's Maiden Name A Llar
7. Mother's Birthplace No 4 Gough St
8. Full Name of Father Gorge Briget
9. Father's Occupation Mid Shipmen
10. Father's Birthplace France South Side Paris

Name of Medical Attendant, or other Person who makes this Return. J & E Shuttle

Address 211 Aisquith

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 2d 1876

4. Place of Birth (Street and Number) No. 77 N. Broadway

5. Full Name of Mother Mrs. Gertrude A. Gray

6. Mother's Maiden Name Gertrude A. Dickerson

7. Mother's Birthplace Calvert County Md

8. Full Name of Father Mr. Benjamin F. Gray

9 Father's Occupation Custom House Officer

10. Father's Birthplace Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen

Address No. 93 N. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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9984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Second of March 1876
4. Place of Birth (Street and Number)	No 105 Cannon Lane
5. Full Name of Mother	Francisika Hubler
6. Mother's Maiden Name	Francisika Carl
7. Mother's Birthplace	Eslau – Bavaria – Germany
8. Full Name of Father	Ulrich Hubler
9. Father's Occupation	Wildenger – Laborer
10. Father's Birthplace	Fell – Baden – Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunker – Midwife
Address	No 60 N. Schroeder St
Remarks	

FILED IN OFFICE MAR 12 1876

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 2, 1876

4. *Place of Birth* (Street and Number) Patterson Ave No 214

5. *Full Name of Mother* Rebecca Louisa Snyder

6. *Mother's Maiden Name* " Duttera

7. *Mother's Birthplace* Adams County Pa

8. *Full Name of Father* Calvin Ryker Snyder

9. *Father's Occupation* Traveling Salesman

10. *Father's Birthplace* Gettysburg Pa

Name of Medical Attendant, or other Person who makes this Return. B. H. Herman

Address No 17 h N Caroy St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color Semail infant
3. Date of Birth	March 2 1876
4. Place of Birth (Street and Number)	Stockholin Street 57
5. Full Name of Mother	Lizbath Jackson
6. Mother's Maiden Name	Lizbath Bommonel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William H. Jackson
9. Father's Occupation	occupation Laborer Banking
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Attendant By Learh Cornish
Address	Waner Street 216
Remarks	the first child

7987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd. 7th P. M.
4. *Place of Birth (Street and Number)* 47 S. Schroeder St.
5. *Full Name of Mother* Mary Virginia ~~Peterson~~ Peterson
6. *Mother's Maiden Name* Mary Virginia Peterson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Peterson
9. *Father's Occupation* Marble Worker
10. *Father's Birthplace* Lanarkshire - Scotland

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

9988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1916 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, ~~3d,~~ &c.) Cathrine Jones

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the ~~white race~~)

3. Date of Birth March 2 1916

4. Place of Birth (Street and Number) No 5 Bath St

5. Full Name of Mother Catherin Jone

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore County Md

8. Full Name of Father Dont Now

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Hibrett Md

Address No 23 Bath St

Remarks non

RETURN OF A BIRTH.

9989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child to
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	2 of March 1876
4. Place of Birth (Street and Number)	no number North Madison Alley
5. Full Name of Mother	Milia Kircher
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Joest Kircher
9. Father's Occupation	Laborman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crisentia Kunkel
Address	11 North chapel st for John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics to secure a Burial Permit.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the ... of Baltimore.

That ap... physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2d March 1876
4. *Place of Birth (Street and Number)* 129 Druid Hill ave
5. *Full Name of Mother* Annie E Horner
6. *Mother's Maiden Name* " " Green
7. *Mother's Birthplace* md
8. *Full Name of Father* Albert H Horner
9. *Father's Occupation* Ice dealer
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill MD

Address 129 N Biddle St Balto

Remarks

9991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 4/1

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 2nd 1876
4. *Place of Birth (Street and Number)* 13 Hamilton St
5. *Full Name of Mother* Malinda Walker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Kentucky
8. *Full Name of Father* unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Geo W. Evans (Reports)

Address

Remarks

This child lived only 2 days.

Extract from Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* March 2d 1876
4. *Place of Birth (Street and Number)* No 6 Succession St
5. *Full Name of Mother* Margaret Jansel
6. *Mother's Maiden Name* Margaret Fagle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Jansel
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jesse Hillegrist

Address No 151 Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1876
4. *Place of Birth (Street and Number)* ~~Mary Mitchell~~ 62 Pleasant St
5. *Full Name of Mother* Mary Mitchell
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Nicholas Smith
9. *Father's Occupation* Milk Dealer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula L Chrisman

Address 129 E. Monument St

Remarks

RETURN OF A BIRTH.

9994

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth March 2d 1876

4. Place of Birth (Street and Number) No 6 McMechen st near Pennsa ave

5. Full Name of Mother Jessie A Boland

6. Mother's Maiden Name " " Murray

7. Mother's Birthplace Md

8. Full Name of Father Thos B Boland

9. Father's Occupation Plumber

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill MD

Address 129 West Biddle st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* March 2nd 1876
4. *Place of Birth (Street and Number)* S. E. Cor. Gay & Saratoga
5. *Full Name of Mother* Carrie Lewis
6. *Mother's Maiden Name* Carrie Jackson
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Sandford Lewis
9. *Father's Occupation* Shot dealer
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 53 N Paca St Balto

Remarks Natural.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 3. 1876
4. *Place of Birth (Street and Number)* Cor. Monument & Gay Sts.
5. *Full Name of Mother* Amanda Macbutton
6. *Mother's Maiden Name* " McComas.
7. *Mother's Birthplace* Harford Co.
8. *Full Name of Father* William Lloyd Macbutton
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman Jnr.

Address * 305 N. Caroline

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

9997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 76
4. Place of Birth (Street and Number)	255 Harford Ave
5. Full Name of Mother	Laura S Lady
6. Mother's Maiden Name	Edel
7. Mother's Birthplace	Balto City
8. Full Name of Father	Henry S Lady
9. Father's Occupation	Broom manufacturer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	166 E. Eager St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9998

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 8 1876
4. *Place of Birth (Street and Number)* 19 mason Alley
5. *Full Name of Mother* Susan Smith
6. *Mother's Maiden Name* Susan Wilkerson
7. *Mother's Birthplace* Carrol County maryland
8. *Full Name of Father* William H. Smith
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hettie Bodley Doctress

Address No 85 orchard Street

Remarks

...rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 3d 1876
4. Place of Birth (Street and Number)	N° 35 - S Shirtken St - Baltimore
5. Full Name of Mother	Rosmah E Walkin
6. Mother's Maiden Name	Phillips
7. Mother's Birthplace	Washington D C
8. Full Name of Father	John H Walkins
9. Father's Occupation	Tin & Sheet Iron Worker
10. Father's Birthplace	Washington D C
Name of Medical Attendant, or other Person who makes this Return.	Wm F Lankin M D
Address	N° 64 S W Lombard St Baltimore
Remarks	Natural

10,000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White male
3. Date of Birth the 3 of March 18.76.
4. Place of Birth (Street and Number) No 15 Whannut. Alley
5. Full Name of Mother Lalea Gleser.
6. Mother's Maiden Name Lalea Keabbes.
7. Mother's Birthplace in Germey.
8. Full Name of Father Henry Gleser
9. Father's Occupation a Bucher.
10. Father's Birthplace in Germey.

Name of Medical Attendant, or other Person who makes this Return. Mitwife Thresa Eigelsbirger

Address No 14 Union st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10.001

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 . Child,

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* the 3 of March 1876
4. *Place of Birth* (Street and Number) No 52. Main st.
5. *Full Name of Mother* Briget Shanery.
6. *Mother's Maiden Name* Briget Keates. I
7. *Mother's Birthplace* in Ireland
8. *Full Name of Father* Whilem Shanery.
9. *Father's Occupation* a Stun cutter
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Shana Eigelsinger.

Address No 14 Main st.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10,002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 1876
4. Place of Birth (Street and Number)	No 29 Little McElderry St.
5. Full Name of Mother	Barbara Fizarek
6. Mother's Maiden Name	Barbara Simon
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	John Fizarek
9. Father's Occupation	Cork maker
10. Father's Birthplace	Bohemia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. F. Bull
Address	No 209 Monument St. Cor. of Central Avenue
Remarks	Alcohol.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10,003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	3rd March
4. Place of Birth (Street and Number)	Orchard Street 134
5. Full Name of Mother	Rebecca Washington
6. Mother's Maiden Name	Rebecca Fuller
7. Mother's Birthplace	Loudoun Virginia
8. Full Name of Father	Lewis Washington
9. Father's Occupation	Drayman
10. Father's Birthplace	Loudoun Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	Susan E Armstrong
Address	Cross Alley No 3
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10,011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 1876
4. Place of Birth (Street and Number)	No 207 S. Charles St.
5. Full Name of Mother	Mary Jane Owens Hall
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jno W. Owens
9. Father's Occupation	Horse shoer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.W. cor Hanover & Barre
Remarks	

10,005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar. 2d. 1876
4. *Place of Birth (Street and Number)* 23 Cook St
5. *Full Name of Mother* Sarah Ann Catherine Worley Little
6. *Mother's Maiden Name* Worley
7. *Mother's Birthplace* Pittsburg Pa
8. *Full Name of Father* Hezekiah Little
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. F. Christian M. D.

Address 31 Penna Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 2nd of March 1876
4. *Place of Birth* (Street and Number) West Lexington St.
5. *Full Name of Mother* Lizzie Cloppner
6. *Mother's Maiden Name* Lizzie Doerhoff
7. *Mother's Birthplace* born in Prussia Germany
8. *Full Name of Father* John Cloppner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* born in Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address No. 57 Smallwood St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10007

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 3rd 1876

4. Place of Birth (Street and Number) No 252 W Lombard St

5. Full Name of Mother Celia Rosenfeld

6. Mother's Maiden Name C. G. Biding

7. Mother's Birthplace Bavaria Germany

8. Full Name of Father Gabriel Rosenfeld

9. Father's Occupation Liquor Dealer

10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore McManus M.D.

Address No 253 W Lombard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10008

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 3rd 1876

4. Place of Birth (Street and Number) No. 141 Iceland St.

5. Full Name of Mother Leonias Burley

6. Mother's Maiden Name Leonias Edwards

7. Mother's Birthplace Anne Arundel Co. Md.

8. Full Name of Father John Healy Burley

9. Father's Occupation Laborer

10. Father's Birthplace Prince George Co. Md.

Name of Medical Attendant, or other Person who makes this Return. C. L. Johnson M.D.

Address 153 S. Paca St.

Remarks Position. Left occipito-Ilium Anterior, On labor 12 hours, Child, full grown and healthy. 21.9

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10009

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Marg 3
4. *Place of Birth* (Street and Number) Balt Cty
5. *Full Name of Mother* Kunkundi Hittel
6. *Mother's Maiden Name* Kunkundi Beyerlin
7. *Mother's Birthplace* Germani
8. *Full Name of Father* Josep Hittel
9. *Father's Occupation* Dayriman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Sinclair

Address No 29 Monro St

Remarks Klop foot and Spinel tumer

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10,010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex (state whether Male or Female) last a girl

2. Race or Color (if not of the white race) White

3. Date of Birth born the 3rd of March 1876

4. Place of Birth (Street and Number) North West Mac Elderry st

5. Full Name of Mother Britchert Ernest

6. Mother's Maiden Name Britchert Haering

7. Mother's Birthplace Irland

8. Full Name of Father Thomas Harrings

9. Father's Occupation Stone Mason

10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North chapel st pr John Kunkel

Remarks Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	2 Female
2. Race or Color (if not of the white race)	W & L
3. Date of Birth	March 31
4. Place of Birth (Street and Number)	Bakers Court 101
5. Full Name of Mother	Rosana Schmidt
6. Mother's Maiden Name	Rosana Garde
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Schmidt
9. Father's Occupation	Labor
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunlop Midwife
Address	60 N. Schroeder St
Remarks	

MAR 12 1878

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 1876
4. Place of Birth (Street and Number)	16 Mango St
5. Full Name of Mother	Martha Kuhn
6. Mother's Maiden Name	Kelly
7. Mother's Birthplace	Balto City
8. Full Name of Father	Andrew Kuhn
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	D. H. Hennessy
Address	76 Race St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10013

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 2d 1876
4. *Place of Birth* (Street and Number) No. 195 Forrest st
5. *Full Name of Mother* Mary Swann
6. *Mother's Maiden Name* Mary Kinnamon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Mc. Swann
9. *Father's Occupation* Engineer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Hena & Agnew

Address No 181 Fremont st

Remarks

Blank Returns of the Births to be furnished by the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

100114

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* August 2nd 1876
4. *Place of Birth (Street and Number)* No 11 Madison st
5. *Full Name of Mother* Hannah Butler
6. *Mother's Maiden Name* Hannah Wright
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Lloyd A. Butler
9. *Father's Occupation* Returned Ex. Co
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. and Midwife

Address No 11 S. Madison st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTI

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth —

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth March 3d — 1876

4. Place of Birth (Stree and Number) 323 Lemuel

5. Full Name of Mother Fredericka Oberdallhoff

6. Mother's Maiden Name " Krauk

7. Mother's Birthplace Germany

8. Full Name of Father William Oberdallhoff

9. Father's Occupation Clerk —

10. Father's Birthplace Germany —

Name of Medical Attendant, or other Person who makes this Return. Lib Dahlmine M.D.

Address 816 E. Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 4th
4. *Place of Birth (Street and Number)* Ramsey St 178
5. *Full Name of Mother* Anne C. Miller
6. *Mother's Maiden Name* Wharton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Miller
9. *Father's Occupation* sugarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 1036 McHenry St

Remarks Mother and baby doing well

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female 1

2. Race or Color (if not of the white race) Colored

3. Date of Birth march 4 1876

4. Place of Birth (Street and Number) No 52 Tyson Street

5. Full Name of Mother Martha C. ~~Ma~~ Steward

6. Mother's Maiden Name Martha C. Derricks

7. Mother's Birthplace Baltimore County

8. Full Name of Father Charles Steward

9. Father's Occupation Shoe maker

10. Father's Birthplace Harford County

Name of Medical Attendant, or other Person who makes this Return. Chester Bobby Doctress

Address No 85 Orchard Street

Remarks

10018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

[redacted] *of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* American race
3. *Date of Birth* March 4th 1876
4. *Place of Birth (Street and Number)* Bond St n 355
5. *Full Name of Mother* Wilhelmina Weibly
6. *Mother's Maiden Name* " " " Goeben
7. *Mother's Birthplace* Hanover Europe
8. *Full Name of Father* Henry Weibly
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Weibly

Address #48 Holland St Balto Md

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 9 Dec 1876

4. Place of Birth (Street and Number) 120 Eastern Ave.

5. Full Name of Mother Mary Langley

6. Mother's Maiden Name Bryant

7. Mother's Birthplace Md State

8. Full Name of Father Wm Langley

9. Father's Occupation Laborer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Isaac Carpenter

Address 57 E Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10,020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th March 1876
4. Place of Birth (Street and Number)	157 St Paul's street
5. Full Name of Mother	Matilda Lemmon
6. Mother's Maiden Name	Matilda Austen
7. Mother's Birthplace	Homberg Germany
8. Full Name of Father	Charles Lemmon
9. Father's Occupation	—
10. Father's Birthplace	Mckeesport Penn
Name of Medical Attendant, or other Person who makes this Return.	C B Gamble M.D
Address	40 Richmond street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex (state whether Male or ~~Female~~) Son

2. Race or Color (if not of the white race) Negro

3. Date of Birth March 4th 76

4. Place of Birth (Street and Number) Gilbert st

5. Full Name of Mother Ida Benson

6. Mother's Maiden Name " "

7. Mother's Birthplace Howard Co "

8. Full Name of Father Moses Baker

9. Father's Occupation Laborer

10. Father's Birthplace Queens Annes Co

Name of Medical Attendant, or other Person who makes this Return. W. N. Schultz

Address No 11 S. Arlington ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	March 4th 76
4. Place of Birth (Street and Number)	Mulberry Court
5. Full Name of Mother	Mary Carter
6. Mother's Maiden Name	" Johnson
7. Mother's Birthplace	Anna Arundel Co.
8. Full Name of Father	Archibald Carter
9. Father's Occupation	Laborer
10. Father's Birthplace	Anna Arundel Co.
Name of Medical Attendant, or other Person who makes this Return.	H. N. Shultz
Address	No 11 S. Arlington ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10023

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 4th 1876
4. *Place of Birth* (Street and Number) 46 Burgundy alley
5. *Full Name of Mother* Sudie Braxise
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Braxise
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 44 Burgundy alley

Remarks

RETURN OF A BIRTH.

10024

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*) First

1. *Sex* (*~~state whether Male or~~ Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 4th March 1876

4. *Place of Birth* (*Street and Number*) No 248 Linden Avenue

5. *Full Name of Mother* Josephine Brown Bluff

6. *Mother's Maiden Name* Jos: B. Lofland

7. *Mother's Birthplace* Delaware

8. *Full Name of Father* Jos: E. Bluff

9. *Father's Occupation* Mechanic

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. O. Wilson Jr M.D.

Address 146 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10,025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth,

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 4th March 1876.
4. *Place of Birth (Street and Number)* 165 S. Broadway.
5. *Full Name of Mother* Caroline L. Kummer,
6. *Mother's Maiden Name* Caroline L. Eberhart,
7. *Mother's Birthplace* Bavaria, Germany,
8. *Full Name of Father* Wolf Kummer,
9. *Father's Occupation* Jeweller,
10. *Father's Birthplace* Bavaria, Germany,

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell,

Address 207 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10026

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 4 of March 1876.
4. *Place of Birth (Street and Number)* No 66 Clay st.
5. *Full Name of Mother* Louviesa Sinnich
6. *Mother's Maiden Name* Louviesa Ruadolf.
7. *Mother's Birthplace* in Germeny.
8. *Full Name of Father* John Sinnich
9. *Father's Occupation* a Shoue maker
10. *Father's Birthplace* in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eingelsbinger

Address No 14 Main st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

10027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1876.
4. Place of Birth (Street and Number)	No 81. Exeter St.
5. Full Name of Mother	Mary Murphy.
6. Mother's Maiden Name	Mary McCall
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Tim Murphy.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 209 Monument St. Cor. Central Avenue
Remarks	Both well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 6 1876

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1876
4. *Place of Birth (Street and Number)* No 165 S. Chester St
5. *Full Name of Mother* Mary Juras.
6. *Mother's Maiden Name* Mary White.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Charles Juras
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arnold.

Address No 137. S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 4th 1876.
4. *Place of Birth (Street and Number)* No 20 Neighbor St
5. *Full Name of Mother* Mary Kline
6. *Mother's Maiden Name* " Mulligan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry R Kline
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Millersburg. Penn.

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Ehrsimer

Address 129 E. Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	No 25 Butlers al.
4. Place of Birth (Street and Number)	March 4th 1876
5. Full Name of Mother	Louise Kattenberger
6. Mother's Maiden Name	Becker
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Kattenberger
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	P. Lahrbaser midwife
Address	213 Cross st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1905
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1905.
4. Place of Birth (Street and Number)	S. Donnell. st No. 46.
5. Full Name of Mother	Kate Kobach
6. Mother's Maiden Name	Kate Haberkam
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Chas. Kobach
9. Father's Occupation	Peddler
10. Father's Birthplace	Neustadt Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 7 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st first

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7th 1876 ~~Baltimore~~ ~~St~~
4. *Place of Birth (Street and Number)* Baltimore. No 12 Hill Street
5. *Full Name of Mother* ~~Mary~~ Catherine Callahan Monahan
6. *Mother's Maiden Name* Catherine Callahan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Monahan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Flemming

Address 92 Albemarle Street.

Remarks Healthy

Correct Record of Vital Statistics in the City of Baltimore.

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10033

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 7 1876
BALTI

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female —

2. Race or Color (if not of the white race) White

3. Date of Birth March 4th 1876

4. Place of Birth (Street and Number) 223 S. Paca St

5. Full Name of Mother Miranda. Vickers

6. Mother's Maiden Name " Cooper

7. Mother's Birthplace Delaware ~~do~~

8. Full Name of Father James S. Vickers —

9. Father's Occupation merchant (Grocery)

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Adolphus McShane

Address 96 E. Fayette St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

100314

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTI

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 4th 76

4. Place of Birth (Stree and Number) 221 S. Pratt St

5. Full Name of Mother Ellen J. Copes

6. Mother's Maiden Name Ellen J. Vickers

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo. L. Copes

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Wadsworth M.D.

Address 86 S. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Irish

3. Date of Birth ~~Cork~~ Ireland March 4 1876

4. Place of Birth (Street and Number) No 24 Front St

5. Full Name of Mother Mary Carl

6. Mother's Maiden Name Mary Linch

7. Mother's Birthplace Cork Ireland

8. Full Name of Father John Carl

9. Father's Occupation Blacksmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. C. Shultz M D

Address 211 Lisburn St

Remarks

Record of Vital Statistics in the City of Baltimore.

...physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ... the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTI

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 4th 1876
4. Place of Birth (Street and Number)	No 271 William st,
5. Full Name of Mother	Magerett Streckfussy
6. Mother's Maiden Name	Kieken
7. Mother's Birthplace	America
8. Full Name of Father	Leonhardt Streckfussy
9. Father's Occupation	Police officer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lehrwasser midwife
Address	213 Grass st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPART. MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 4th 1876
4. Place of Birth (Street and Number) No 107 West st
5. Full Name of Mother Eva Dull
6. Mother's Maiden Name Suttner
7. Mother's Birthplace Gorpany
8. Full Name of Father George Dull
9. Father's Occupation Shargeant
10. Father's Birthplace Germany.
Name of Medical Attendant, or other Person who makes this Return. J. Schweber midwife
Address 213 Cross st.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10038

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 child female
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th
4. Place of Birth (Street and Number)	No. 21 Sloan
5. Full Name of Mother	Katie Klinz
6. Mother's Maiden Name	Katie Alt
7. Mother's Birthplace	Prize
8. Full Name of Father	John Klinz
9. Father's Occupation	Tailor
10. Father's Birthplace	Prize
Name of Medical Attendant, or other Person who makes this Return.	Eliz Schessill
Address	416 Sloan Ave.
Remarks	

10089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 4th, 1876.

4. Place of Birth (Street and Number) 53 E. Biddle St., rear Conn

5. Full Name of Mother Mary E. Watts

6. Mother's Maiden Name " " Thyler

7. Mother's Birthplace Frederick Co., Md.

8. Full Name of Father John H. Watts

9. Father's Occupation Rail Road man

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address 34 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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100440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 4th, 1876

4. Place of Birth (Street and Number) No 573 N. Gay St

5. Full Name of Mother Amelia A. Magee

6. Mother's Maiden Name " " Devoney

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles V. Magee

9. Father's Occupation Miner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. W. White, M. D.

Address 241 N. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1886
4. Place of Birth (Street and Number)	9 Shaw's Ct - Still Born
5. Full Name of Mother	Kate Burke
6. Mother's Maiden Name	Kate Duffy
7. Mother's Birthplace	England
8. Full Name of Father	Edward Burke
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Md. 14 St. Lipmans D. L. L. I.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 4th 1876
4. Place of Birth (Street and Number)	18 N. Stockholm St.
5. Full Name of Mother	Ann. Chamber
6. Mother's Maiden Name	Ann. Dixon
7. Mother's Birthplace	Calvert County
8. Full Name of Father	James. Dixon
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Gilmore
Address	183. Lee. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 1es & 6 1es Child twins

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 4th 1876
4. *Place of Birth* (Street and Number) N. Dallas St. No, 184
5. *Full Name of Mother* Louise Gerhard
6. *Mother's Maiden Name* Louise Lips
7. *Mother's Birthplace* Marne, N. Preussen Germany
8. *Full Name of Father* Conrad Gerhard
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Lanyd Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No, 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

100411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 4th/76
4. *Place of Birth (Street and Number)* Baltimore no 180 Constitution
5. *Full Name of Mother* Pauline Virginia Dreagher
6. *Mother's Maiden Name* Rick
7. *Mother's Birthplace* Northcarline
8. *Full Name of Father* Michael Dreagher
9. *Father's Occupation* Oyster Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dowlin Sarah Bodine

Address 704 E

Remarks

MAR 12 1876

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* March 4th 1876

4. *Place of Birth* (Street and Number) No 452 E. Monument sts

5. *Full Name of Mother* Mary Hibbs

6. *Mother's Maiden Name* " Schwartz

7. *Mother's Birthplace* City

8. *Full Name of Father* George Hibbs

9. *Father's Occupation* Segar maker

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1891
10,046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT.
MAR
16
1891
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d 2.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 4. March 1891.

4. *Place of Birth (Street and Number)* Lorus Point Hamburg Street 48.

5. *Full Name of Mother* Katharine Keene

6. *Mother's Maiden Name* Katharine Theis.

7. *Mother's Birthplace* Langensalz-Germany

8. *Full Name of Father* Heinrich Keene

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Langensalz Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ethel

Address

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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10047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1876
BAL

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday March 4th 1876
4. Place of Birth (Street and Number)	No 17 Cambridge & Street
5. Full Name of Mother	Sarah Jane Bartholow
6. Mother's Maiden Name	" a McCready
7. Mother's Birthplace	Calvert County Md
8. Full Name of Father	Wm Nicholas Bartholow
9. Father's Occupation	Moulder
10. Father's Birthplace	Delaware City Del
Name of Medical Attendant, or other Person who makes this Return.	J Wesley Jr M.D.
Address	29 South Sharp St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~March 5. 1876~~
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5. 1876
4. Place of Birth (Street and Number)	# 453 N. Eden st.
5. Full Name of Mother	Susan A. Ziegler
6. Mother's Maiden Name	" " Elmmerey
7. Mother's Birthplace	Talbot co. Md.
8. Full Name of Father	Jno. Martin Ziegler
9. Father's Occupation	Printer
10. Father's Birthplace	York, Pa.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 205 N. Caroline st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.st

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 5th March 1876.
4. *Place of Birth* (Street and Number) No. 43. Aiess alley.
5. *Full Name of Mother* Walburga Rosenburger.
6. *Mother's Maiden Name* Walburga Franck.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jakop Rosenburger.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* France.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No. 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5th 1876
4. *Place of Birth (Street and Number)* No. 102 Myrtle Av.
5. *Full Name of Mother* Emma ~~Wm.~~ G. Whiteside
6. *Mother's Maiden Name* Emma G. Norwood
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Wm. B. Whiteside
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Pa.

Name of Medical Attendant, or other Person who makes this Return. J. C. Harris M.D.

Address No. 360 Lexington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

U 64.

10031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 5 1876
4. Place of Birth (Street and Number)	Ost Lombard str no 313
5. Full Name of Mother	Margaretha Fischer
6. Mother's Maiden Name	Margaretha Fehs
7. Mother's Birthplace	Winkendorf Preiern
8. Full Name of Father	Michael Fischer
9. Father's Occupation	Putzscher
10. Father's Birthplace	Ritzschenhausen Preiern
Name of Medical Attendant, or other Person who makes this Return.	Wm Johannes Baumgarth
Address	South Wolf str no. 28
Remarks	Midwife

10052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th of March
4. *Place of Birth (Street and Number)* Baltimore city No 12 Cambridge st
5. *Full Name of Mother* Mary Frances Blake
6. *Mother's Maiden Name* Mary Frances Smith
7. *Mother's Birthplace* Baltimore city.
8. *Full Name of Father* John H. Blake
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Station

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10033

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 5th 1876
4. Place of Birth (Street and Number)	108 Hill Street
5. Full Name of Mother	Augusta Sieholt
6. Mother's Maiden Name	" " " Glaser
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert Sieholt
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	114 Leadenhall St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

100514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male or ~~Female~~)	Son
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	March 5th 76
4. Place of Birth (Street and Number)	Raborg St
5. Full Name of Mother	Georganna Hodges
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Balto City
8. Full Name of Father	Thomas Handel
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto, Co.
Name of Medical Attendant, or other Person who makes this Return.	H. N. Shultz
Address	No 11 S. Arlington ave
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

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10055

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 5th March

4. Place of Birth (Street and Number) Patapsco & Scott

5. Full Name of Mother Margret Sullens

6. Mother's Maiden Name Margret Lee

7. Mother's Birthplace Baltimore City

8. Full Name of Father James A Sullens

9. Father's Occupation Plate Heater

10. Father's Birthplace Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address 104 Bentley st Canton

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 5th 1876

4. Place of Birth (Street and Number) 130 Aisquith St Basement

5. Full Name of Mother Catharine Reynolds

6. Mother's Maiden Name Eckert

7. Mother's Birthplace Baltimore

8. Full Name of Father John Reynolds

9. Father's Occupation Pat Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas R. Rudolph

Address 130 E. Balt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 5th 1876
4. *Place of Birth* (Street and Number) Aisquith St. No. 36
5. *Full Name of Mother* Lina Unverzagt
6. *Mother's Maiden Name* Lina Cronhart
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Unverzagt
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Males

2. Race or Color (if not of the white race)

3. Date of Birth March 3rd 1876

4. Place of Birth (Street and Number) 203 Georgia Pl.

5. Full Name of Mother Eliza J. Hudson

6. Mother's Maiden Name E. J. Malloy

7. Mother's Birthplace Balt Md.

8. Full Name of Father Edw J. Hudson

9. Father's Occupation Clerk

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. W. Glanville M. D.

Address Balt & Park Sts.

Remarks Natural

Gave birth to living, breech presentation;
one full born.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING

10059

RETURN OF A BIRTH.

100669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	5th March 1876
4. Place of Birth (Street and Number)	303 Hanover st. 1
5. Full Name of Mother	Sarah Spencer
6. Mother's Maiden Name	Sarah King
7. Mother's Birthplace	Md.
8. Full Name of Father	Alley D Spencer
9. Father's Occupation	Engineer
10. Father's Birthplace	Ohio
Name of Medical Attendant, or other Person who makes this Return.	O W Wehrlein & D
Address	57 Barre st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 10 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 5th
4. *Place of Birth (Street and Number)* 164 Battery Avenue
5. *Full Name of Mother* Katherene Wolf
6. *Mother's Maiden Name* Katherine Wollaubury.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Conrad Wolf.
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return

Address Neil Conway

Remarks

Law and Rules for Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10,062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth 5th of March.

4. Place of Birth (Street and Number) 82 Oak St.

5. Full Name of Mother Sarah Coulter.

6. Mother's Maiden Name McDonnal.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Andrew Coulter.

9. Father's Occupation Well-digger.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

HEALTH OF BALTIMORE MAR 13 1876

10063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1976

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1876
4. Place of Birth (Street and Number)	Sharp St.
5. Full Name of Mother	Jennie Berryman
6. Mother's Maiden Name	Jennie McCormick
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Edward Berryman
9. Father's Occupation	Baker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mo. A. Lightner
Address	83 Lee St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

100634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 5th 1876
4. Place of Birth (Street and Number)	Young St. No 1
5. Full Name of Mother	Margaret Dennead
6. Mother's Maiden Name	" Murphy
7. Mother's Birthplace	Ireland
8. Full Name of Father	Robert William Dennead
9. Father's Occupation	Riger
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hayson M.D.
Address	18 Aisquith St.
Remarks	City

10066

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* march 29 1876
4. *Place of Birth (Street and Number)* 292 Fayette
5. *Full Name of Mother* margaret Sheehan
6. *Mother's Maiden Name* margaret Lynch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Sheehan
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 116 [illegible] Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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10066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FILED OFFICIAL
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 6th 1876
4. *Place of Birth (Street and Number)* No 4 Colvin St
5. *Full Name of Mother* Johanna Hagmon
6. *Mother's Maiden Name* Johanna Stolle
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* Louis Hagmon
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Mackie

Address 241 S Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th
4. Place of Birth (Street and Number)	427 Cross St
5. Full Name of Mother	Mary Ann Dill
6. Mother's Maiden Name	Gilmore
7. Mother's Birthplace	Edgar Holt
8. Full Name of Father	Cabinet Maker
9. Father's Occupation	New Hessen
10. Father's Birthplace	Chas. Knoll
Name of Medical Attendant, or other Person who makes this Return.	328 S Eutaw St
Address	Balt
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 5th 1876
4. *Place of Birth* (Street and Number) N 224 N. Calvert St
5. *Full Name of Mother* Fanny Tilghman Hough
6. *Mother's Maiden Name* Fanny Tilghman
7. *Mother's Birthplace* Talbot Cy Md
8. *Full Name of Father* Robert Hough
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child's name John

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th	9th Co
1. Sex (state whether Male or Female)	Male	Male
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	March 5th	March 5th 1876
4. Place of Birth (Street and Number)	16 Forest Place	16 Forest Place
5. Full Name of Mother	Mary Jane Kelly	Mary Jane Kelly
6. Mother's Maiden Name	Mary Jane McCarthy	" McCarthy
7. Mother's Birthplace	Providence Rhode Island	Rhode Island
8. Full Name of Father	John A. Kelley	John A Kelly
9. Father's Occupation	Butcher	Butcher
10. Father's Birthplace	Baltimore	Baltimore
Name of Medical Attendant, or other Person who makes this Return.		Geo W Reynolds M D
Address		34 North Calvert St
Remarks		

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	March 6th 1876
4. Place of Birth (Street and Number)	244 S. Sharp St.
5. Full Name of Mother	Rebecca Miesner
6. Mother's Maiden Name	" Lessner,
7. Mother's Birthplace	Balto, Md,
8. Full Name of Father	Eberhart Miesner,
9. Father's Occupation	Machinist,
10. Father's Birthplace	Germany,
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall, M.D.
Address	158 S. Sharp St.
Remarks	Child healthy —

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10071

HEALTH DEPARTMENT
MAR
13
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	—
3. Date of Birth	March 6th 1876.
4. Place of Birth (Street and Number)	318 Light — St.
5. Full Name of Mother	Mary Jane Ogden.
6. Mother's Maiden Name	" " Brown.
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Edward Ogden.
9. Father's Occupation	Tinner.
10. Father's Birthplace	York. Pa
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	15 E. S. Sharp St.
Remarks	Stillborn

rect Record of Vital Statistics in the City of Baltimore.

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100.72

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 Mar. 1876
4. *Place of Birth (Street and Number)* 70 Eastern Av.
5. *Full Name of Mother* Mary Engel
6. *Mother's Maiden Name* Kline
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Robert Blake
9. *Father's Occupation* laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 57 E Lombard St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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10073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

1

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2 / 1

1. ***Sex*** (*state whether Male or Female*) Male

2. ***Race or Color*** (*if not of the white race*)

3. ***Date of Birth*** Feb. 1st 76

4. ***Place of Birth*** (*Street and Number*) 78 Wolfe St.

5. ***Full Name of Mother*** Francis Clarke

6. ***Mother's Maiden Name*** Bartell

7. ***Mother's Birthplace*** Balto.

8. ***Full Name of Father*** J. H. Clarke

9. ***Father's Occupation*** Ship carpenter

10. ***Father's Birthplace*** U States

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 521 E. Lombard St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

100714

HEALTH DEPART
MAR
8
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th
4. Place of Birth (Street and Number)	No. 1 Calhoun st.
5. Full Name of Mother	Elizabeth Zurk
6. Mother's Maiden Name	Elizabeth Brun
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas Zurk
9. Father's Occupation	Labor
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Eliza Schmill
Address	476 Penna. Ave.
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

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10075

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY...

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th 76.
4. Place of Birth (Street and Number)	Choptank st No 161
5. Full Name of Mother	Martha Hartman
6. Mother's Maiden Name	Martha Beyer
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Joseph Hartman
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte Midwife
Address	320 Allicanna st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 6th 1876

4. *Place of Birth (Street and Number)* No 238 Hannover st

5. *Full Name of Mother* Ernstine Hartman

6. *Mother's Maiden Name* Schloder

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* August Hartman

9. *Father's Occupation* Printer

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schlosser midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 6th 1876
4. Place of Birth (Street and Number)	No 130 Henrietta st.
5. Full Name of Mother	Siggie Paul.
6. Mother's Maiden Name	Brocke.
7. Mother's Birthplace	America
8. Full Name of Father	Charles Paul
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrmasser midwife
Address	213 Bros st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10078

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) F

2. Race or Color (if not of the white race) W

3. Date of Birth Mar. 6th 1876.

4. Place of Birth (Street and Number) Cor Park av, & Townsend St

5. Full Name of Mother

6. Mother's Maiden Name Louisa Church

7. Mother's Birthplace Balt.

8. Full Name of Father D. Eldridge Munroe

9. Father's Occupation Lawyer

10. Father's Birthplace Charles Co Md

Name of Medical Attendant, or other Person who makes this Return. Chr Chancellor Jr MD

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BUREAU OF VITAL STATISTICS
NOV 9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6. March 1876
4. *Place of Birth (Street and Number)* 424 East Street
5. *Full Name of Mother* Mrs Agnes M. Kendall
6. *Mother's Maiden Name* " " " Smith
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Chas. B. Kendall
9. *Father's Occupation* Pharmacist
10. *Father's Birthplace* — Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Hagerwood

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	March 6th 1876.
4. Place of Birth (Street and Number)	316 Lombard st.
5. Full Name of Mother	Margaret Dunn.
6. Mother's Maiden Name	" Krager.
7. Mother's Birthplace	Balto City.
8. Full Name of Father	James A Dunn.
9. Father's Occupation	Iron Moulder.
10. Father's Birthplace	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	John P. Pennington M.D.
Address	N. W. Cor. Mulberry & Greene st.
Remarks	

10081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Fifth

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* March 6th 1876

4. *Place of Birth* (*Street and Number*) 1321 Bond st

5. *Full Name of Mother* Louisa Engler

6. *Mother's Maiden Name* Kramer

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Engler

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry A Kuehnert

Address 1321 Bond st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6. th
4. Place of Birth (Street and Number)	Cross, n. No 68
5. Full Name of Mother	Louise Slagge
6. Mother's Maiden Name	Louise Fesse
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Slagge
9. Father's Occupation	Moulder
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbohn M. D.
Address	No 106. Columbia Av.
Remarks	"

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th 1876
4. Place of Birth (Street and Number)	11 Constitution st
5. Full Name of Mother	Agnes Shearer
6. Mother's Maiden Name	Carr
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Shearer
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell
Address	1 N Exeter st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	March
4. Place of Birth (Street and Number)	115 York street
5. Full Name of Mother	Mary Elyébith gordner
6. Mother's Maiden Name	Mary Elyebith Broon
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	george Broon
9. Father's Occupation	seamon
10. Father's Birthplace	West indies
Name of Medical Attendant, or other Person who makes this Return.	Mary blase
Address	Midwife
Remarks	No 6 Hicks court

rect Record of Vital Statistics, in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10085

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth March 6th

4. Place of Birth (Street and Number) 541 Saratoga St

5. Full Name of Mother Elizabeth Carpenter

6. Mother's Maiden Name Wilson

7. Mother's Birthplace Balto City

8. Full Name of Father C. A. Carpenter

9. Father's Occupation Stone Cutter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 558 W. Fayette St

Remarks

10086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1976 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth No 1 Bennett st March 6th 4.30 A M

4. Place of Birth (Street and Number) No 1 Bennett St

5. Full Name of Mother Sarah Elizabeth Soller Saunders

6. Mother's Maiden Name Soller

7. Mother's Birthplace Baltimore Co

8. Full Name of Father Henry Saunders

9. Father's Occupation Fuller

10. Father's Birthplace Mass

Name of Medical Attendant, or other Person who makes this Return. Dr Richards M D

Address 28 E Lenox St

Remarks Head presentation Easy Natural Labor

Six hours duration.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 6th March 86
4. *Place of Birth (Street and Number)* 16 Cowdry St.
5. *Full Name of Mother* Margaretta Ross
6. *Mother's Maiden Name* Margaretta Lewis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Ross
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Lewis

Address 121 Lombard

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth —

1. *Sex (state whether Male or Female)* Female —
2. *Race or Color (if not of the white race)* White —
3. *Date of Birth* 6th March, 1876 —
4. *Place of Birth (Street and Number)* Baltimore City, ~~166~~ W. Balto St. —
5. *Full Name of Mother* Harriet Ann Galvin —
6. *Mother's Maiden Name* Harriet Ann Holland
7. *Mother's Birthplace* City of Baltimore Md. —
8. *Full Name of Father* Joseph Jackson Galvin —
9. *Father's Occupation* Printer —
10. *Father's Birthplace* Baltimore City, Md. —

Name of Medical Attendant, or other Person who makes this Return. (Midwife) Father of child makes the return —

Address Jos. J. Galvin, 788 West Baltimore st.

Remarks X Mrs Dunlea X
No 66 N Schroeder Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT MAR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 6th 1876

4. Place of Birth (Street and Number) No 177 S. Chester sts.

5. Full Name of Mother Darby Mahon

6. Mother's Maiden Name " Corlis

7. Mother's Birthplace Ireland

8. Full Name of Father Winefred Mahon

9. Father's Occupation Grocer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs C Bushmann

Address 120 Bank str.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 16 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th 1876
4. Place of Birth (Street and Number)	235 Sth Dallas st
5. Full Name of Mother	Martha Kellner
6. Mother's Maiden Name	Martha Foos
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Foos
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goetzke
Address	65 South Bond st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* March 6. 1876

4. *Place of Birth* (Street and Number) Annity No 91

5. *Full Name of Mother* Sarah Virginia Cunningham

6. *Mother's Maiden Name* " " Scarf

7. *Mother's Birthplace* City

8. *Full Name of Father* Charles W. J. Cunningham

9. *Father's Occupation* Brown Yankee

10. *Father's Birthplace* Ellicott City

Name of Medical Attendant, or other Person who makes this Return. B. Gilchrist

Address No 17 S. Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7th March

4. Place of Birth (Street and Number) 149 Elliott st Canton

5. Full Name of Mother Margret Nicholas

6. Mother's Maiden Name Margret Heys

7. Mother's Birthplace Ireland

8. Full Name of Father Wm H Nicholas

9. Father's Occupation Iron Moulder

10. Father's Birthplace Suffolk Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address 104 Bailey st Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPT. OF HEALTH
MAR
11
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	2 Fr Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1876
4. Place of Birth (Street and Number)	76 Camden St.
5. Full Name of Mother	Mary Ann Hurley
6. Mother's Maiden Name	McNeer
7. Mother's Birthplace	Balto City Md.
8. Full Name of Father	Wm H. Hurley
9. Father's Occupation	Jewelry Salesman
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return,	R. C. Lee
Address	N.W. cor Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH.

100944

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american Race
3. *Date of Birth* March 7th 1876
4. *Place of Birth (Street and Number)* Harrison St # 64
5. *Full Name of Mother* Kate Blanken
6. *Mother's Maiden Name* " Nicks
7. *Mother's Birthplace* Hessen Europe
8. *Full Name of Father* Joseph Blanken
9. *Father's Occupation* Saloonery
10. *Father's Birthplace* Bayern Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Reese Helig

Address # 48 Holland St Balto Md.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* March 7th 876
4. *Place of Birth (Street and Number)* Caroline St # 109
5. *Full Name of Mother* Kate Nicol
6. *Mother's Maiden Name* " Chamberlain
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* William C. Nicol
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Rose M.D.

Address # 48 Holland St Balto City

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OFFICE
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* american Black
3. *Date of Birth* March 4th 1876
4. *Place of Birth (Street and Number)* Eden St # 33
5. *Full Name of Mother* Rosa Name
6. *Mother's Maiden Name* " Schreiber
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Edward Name
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Baden Europe

Name of Medical Attendant, or other Person who makes this Return. Miss Rose Kelly

Address # 48 Holland St Balto Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) White.

2. Race or Color (if not of the white race)

3. Date of Birth March 7th 1876 = 12 P.M.

4. Place of Birth (Street and Number) Edmund Lane Holly.

5. Full Name of Mother Edmund Lane Holly.

6. Mother's Maiden Name Edmund Lane Holly.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Samuel Holly.

9. Father's Occupation Machinist.

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John L. K. Kroze M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Born

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 1st Mar. 1876

4. Place of Birth (Street and Number) 159 Eden St.

5. Full Name of Mother Annie Bailey

6. Mother's Maiden Name " Chandler

7. Mother's Birthplace Balto.

8. Full Name of Father Henry Bailey

9. Father's Occupation Fisherey

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 520 Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10099

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 7th 1876
4. Place of Birth (Street and Number)	No 119 Leadenhal st.
5. Full Name of Mother	Elisabeth Mairich
6. Mother's Maiden Name	Gamrod
7. Mother's Birthplace	America
8. Full Name of Father	Otto Mairich
9. Father's Occupation	Shoemaker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Labrasser mid wife
Address	213 Cross st.
Remarks	

10,100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d,~~ &c.) March 7 1876

1. *Sex* (state whether ~~Male~~ or Female)

2. *Race or Color* (if not of the ~~white~~ race)

3. *Date of Birth* March 7 1876

4. *Place of Birth* (Street and Number) No 1614 Spring St.

5. *Full Name of Mother* Lilet Jackson

6. *Mother's Maiden Name* Lilet Gradon

7. *Mother's Birthplace* Baltimore City Md

8. *Full Name of Father* John Jackson

9. *Father's Occupation* Laber

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Philcock Md

Address No 23 Bath St Baltimore

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* male 1
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* 7th Mch 76
4. *Place of Birth (Street and Number)* 341 N Howard near Richmond st
5. *Full Name of Mother* Elizabeth Benson
6. *Mother's Maiden Name* " Green
7. *Mother's Birthplace* Md
8. *Full Name of Father* Harrison Benson
9. *Father's Occupation* Oyster "shucker"
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G L T Caverhill MD

Address 129 W. Biddle st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10102

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
9
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 7th 1876
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Barbara Ruprecht
6. Mother's Maiden Name	" " " Fischer
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Ruprecht
9. Father's Occupation	Butsher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No. 40 E Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10103

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored Child

3. Date of Birth the 7 of March

4. Place of Birth (Street and Number) Wilcox alley No 5

5. Full Name of Mother Liza Brown

6. Mother's Maiden Name

7. Mother's Birthplace Louisville

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Rowth Williams

Address No 70 Thames Street

Remarks Mother Child doing Well

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10104

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
10
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female).* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 7th 1876.
4. *Place of Birth (Street and Number)* 104 West Street.
5. *Full Name of Mother* A. J. Berry.
6. *Mother's Maiden Name* A. A. Sumnaly.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Wm. J. Berry.
9. *Father's Occupation* Cantmaker
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Dorothea Burns.

Address 114 Battery Av.

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

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10105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 a.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 7th 1876.
4. *Place of Birth (Street and Number)* No 174 East Street,
5. *Full Name of Mother* Augusta (Mrs Ebenbach
6. *Mother's Maiden Name* Augusta.) Bilker
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Conrad Bilker
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return C Dorothea Brune

Address 114 Battery Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10106

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4-d.

1. Sex (state whether Male or Female) Male. 1

2. Race or Color (if not of the white race)

3. Date of Birth March 1st 1876.

4. Place of Birth (Street and Number) Light Street. 637.

5. Full Name of Mother Mary Miller

6. Mother's Maiden Name Mary Orff

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Miller

9. Father's Occupation Laborer.

10. Father's Birthplace Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns.

Address 114 Battery Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. *Sex* (*state whether Male ~~or Female~~*)

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* 7th March 1876

4. *Place of Birth* (*Street and Number*) 144 Harford Avenue

5. *Full Name of Mother* Mary Marguret Bateman

6. *Mother's Maiden Name* " " Johnston

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* Jno. Henry Bateman

9. *Father's Occupation* Machinist

10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. William L. Russell

Address Broadway & Madison Sts

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10108

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th of March 1876
4. Place of Birth (Street and Number)	201 St. Paul Street
5. Full Name of Mother	Mary L. Watters
6. Mother's Maiden Name	Mary L. Nicholdemus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. J. H. Watters
9. Father's Occupation	Merchant
10. Father's Birthplace	Eastern Shore of Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. H. Wilson M. D.
Address	146 Park Avenue
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

~~10108~~ 2
10109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	February the 22 " 1876
4. Place of Birth (Street and Number)	No 6 Clarks Alley
5. Full Name of Mother	Mary A Carr
6. Mother's Maiden Name	" " Hoopes
7. Mother's Birthplace	Maryland
8. Full Name of Father	W. H Carr
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Caroline Fisher
Address	West Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10111

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 7th 1876
4. Place of Birth (Street and Number)	269 William Street
5. Full Name of Mother	Lena Scheppach
6. Mother's Maiden Name	" " Emmerich
7. Mother's Birthplace	Germany
8. Full Name of Father	George Scheppach
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ch. Theruna Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1870 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7 th 1870
4. Place of Birth (Street and Number)	No 14 Spruce Alley
5. Full Name of Mother	Ellen Kelley
6. Mother's Maiden Name	Ellen Murray
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Kelley
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Chester St
Remarks	Healthy Child

11112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 March 12 o'clock night
4. Place of Birth (Street and Number)	Clement St No 24
5. Full Name of Mother	Charlote Druppe Hadwige
6. Mother's Maiden Name	Charlote Druppe
7. Mother's Birthplace	Hanover
8. Full Name of Father	Fretrick Hadwige
9. Father's Occupation	Labor
10. Father's Birthplace	Bargstad Hanover
Name of Medical Attendant, or other Person who makes this Return	
Address	Mrs M. Hung
Remarks	No 32. Eichhall Heat

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10163.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1876.
4. Place of Birth (Street and Number)	#359 Aliceanna St. F.P.
5. Full Name of Mother	Louisa Abenheim Hartman
6. Mother's Maiden Name	Louisa Abenheim
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	John Hartman
9. Father's Occupation	Laborer.
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	#178 S Chapel St. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

RECEIVED DEPT. OF HEALTH MAR 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth 7th of March

4. Place of Birth (Street and Number) Cathedral St. No 235

5. Full Name of Mother Mary Fry.

6. Mother's Maiden Name Carter

7. Mother's Birthplace Baltimore

8. Full Name of Father Emanuel Fry.

9. Father's Occupation Blacksmith

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR. 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 7th of March

4. Place of Birth (Street and Number) 1228 Oak St.

5. Full Name of Mother Margaret Hurd.

6. Mother's Maiden Name Degraf

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Hurd.

9. Father's Occupation Engineer

10. Father's Birthplace Howard County,

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby,

Address 309 Cathedral St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as such, at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 3½ a.m.
4. Place of Birth (Street and Number)	Penn. Aven. 496
5. Full Name of Mother	Mrs. Edward Hedges
6. Mother's Maiden Name	Sarah Elizabeth Margaret Louisa Stinchcomb
7. Mother's Birthplace	~~Peta~~ Powhatan Md.
8. Full Name of Father	Edward Hedges
9. Father's Occupation	Stair Builder
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Septimus Brown
Address	296 Penn. Aven.
Remarks	natural labor – nothing remarkable. mother & child both healthy & well

10118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 7th 1876
4. Place of Birth (Street and Number)	No 78 S. Register sts
5. Full Name of Mother	Margareth Schwartzkopf
6. Mother's Maiden Name	" Brauss
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Schwartzkopf
9. Father's Occupation	Wagoner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Bruchmann
Address	120 Bond sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BUREAU OF VITAL STATISTICS
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Free Black
3. *Date of Birth* March 1st 1876
4. *Place of Birth (Street and Number)* No 201 Eager st
5. *Full Name of Mother* Mary Fledge
6. *Mother's Maiden Name* Mary Key
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jas E Fledge
9. *Father's Occupation* ~~Laborer~~ Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno [illegible]

Address No 201 Eager st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

Cert 10119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1916 BALTIMORE

Name of Child: Charles John Engelmann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13 1916
4. *Place of Birth (Street and Number)* 1422 Eager St.
5. *Full Name of Mother* Barbara Engelmann
6. *Mother's Maiden Name* Barbara (~~Engel~~) Scheck
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles J. Engelmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Nina L. Hillegeist

Address 1422 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1012.0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth march the 7 1876

4. Place of Birth (Street and Number) ~~Jasonann mury~~ Baltimore Gerham 1315

5. Full Name of Mother Jusonann mury

6. Mother's Maiden Name Juson ford

7. Mother's Birthplace Charles County Md

8. Full Name of Father Levin Mury

9. Father's Occupation Labor

10. Father's Birthplace Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. Lewis Linday Woolford

Address Eggsler st 130 Baltimore

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. VITAL STATISTICS MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th
4. Place of Birth (Street and Number)	150 Dover
5. Full Name of Mother	Elize Knierieben
6. Mother's Maiden Name	Schoek
7. Mother's Birthplace	Kur Hessen
8. Full Name of Father	Nicholaus Knierieben
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopp
Address	328 S Edens Av.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10122

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 7
4. Place of Birth (Street and Number)	263 Alice Ann St
5. Full Name of Mother	Amalie Schuehard
6. Mother's Maiden Name	" Pahlke
7. Mother's Birthplace	Prussia
8. Full Name of Father	Frederick Schuchard
9. Father's Occupation	Labor
10. Father's Birthplace	Prussia.
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

RETURN OF A BIRTH.

10123

MAR 10 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 3rd Month 7th 1876.

4. *Place of Birth* (Street and Number) Stricker St north of Franklin

5. *Full Name of Mother* Margaret McGee

6. *Mother's Maiden Name* Margaret Maxwell

7. *Mother's Birthplace* Howard County

8. *Full Name of Father* George McGee.

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley M. D.

Address 47 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1012/14

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 & 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 of March
4. *Place of Birth (Street and Number)* Light St No 3.59
5. *Full Name of Mother* Mary E tall
6. *Mother's Maiden Name* Mary E Jamestown
7. *Mother's Birthplace* Baltimora
8. *Full Name of Father* Levin Y tall
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Ellenora Stockett

Address Light st No 3.40

Remarks Baltimora

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 8/76

4. Place of Birth (Street and Number) # 275 East Baltimore St.

5. Full Name of Mother Matilda Rathbun

6. Mother's Maiden Name Matilda Ruth Smith

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father James Rathbun

9. Father's Occupation Sailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Gardner

Address 291 Durham

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8
4. *Place of Birth (Street and Number)* Baltimore Harford road
5. *Full Name of Mother* Rose Ellen Tator
6. *Mother's Maiden Name* Rose Ellen Gorey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* samuel R & S Tator
9. *Father's Occupation* Carridge driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Arnd

Address Harford Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
11
1870
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March
4. Place of Birth (Street and Number)	No 39 E Lombard St
5. Full Name of Mother	Antoinette M Simmonds
6. Mother's Maiden Name	A M Bismarck
7. Mother's Birthplace	Prussia
8. Full Name of Father	Frederick T Simmonds
9. Father's Occupation	Clerk
10. Father's Birthplace	India
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	No 97 Albemarle St
Remarks	healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 8th 1876

4. Place of Birth (Street and Number) No 170 Sharp st.

5. Full Name of Mother Emilie Junge Herold.

6. Mother's Maiden Name

7. Mother's Birthplace Jamaica

8. Full Name of Father August Junge.

9. Father's Occupation Beer bottler

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schroeder midwife

Address 113 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPT
MAR
1876
BALTIMORE

10129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~)	Second
1. Sex (*state whether Male or ~~Female~~*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	March 8th 1876
4. Place of Birth (*Street and Number*)	No 28 Reed Street
5. Full Name of Mother	Betsy D. Lee
6. Mother's Maiden Name	Betsy D. Tyson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. Harry Lee
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	P. L. Wilson M. D.
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8th 1876
4. *Place of Birth (Street and Number)* Aboard German Bark "Columbus" foot of Ann st.
5. *Full Name of Mother* Maud Annie Elder
6. *Mother's Maiden Name* Maud Annie Mott
7. *Mother's Birthplace* Battle Creek Michigan
8. *Full Name of Father* John Elder Jr.
9. *Father's Occupation* Captain of Bark Columbus
10. *Father's Birthplace* Pommerania Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D. 69 S. Broadway

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

101.31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1876
4. *Place of Birth (Street and Number)* Battery Av. No 209.
5. *Full Name of Mother* Paulina Bechedel.
6. *Mother's Maiden Name* Paulina Ruy.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Jacob Bechedel.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Brune

Address 114 Battery Av

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

101.32

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth March 8th 1876.

4. Place of Birth (Street and Number) No 640 Light Street.

5. Full Name of Mother Justina Gotsleben.

6. Mother's Maiden Name Justina Bert.

7. Mother's Birthplace Germany

8. Full Name of Father Julius Gotsleben.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Brune.

Address 114 Battery Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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10133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Bell (mulatto)

3. *Date of Birth* Mch 8. 76

4. *Place of Birth (Street and Number)* Maxwells Lane Row Cathedral St extended, east of north one

5. *Full Name of Mother* Frances Howard

6. *Mother's Maiden Name* " "

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* ———

9. *Father's Occupation* ———

10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. G Lane Dunphrie

Address 129 N Bradd St

Remarks

1013 64

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Black

3. *Date of Birth* March 8th 1876

4. *Place of Birth* (Street and Number) 119 N. Broadway

5. *Full Name of Mother* Virginia Turner

6. *Mother's Maiden Name* Copeland

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Dennis Turner

9. *Father's Occupation* Caterer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Redcay

Address 134 N. Broadway

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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10135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 8th 1876
4. Place of Birth (Street and Number)	261 Sharp Street
5. Full Name of Mother	Chatherine Sauer
6. Mother's Maiden Name	" " " Roth
7. Mother's Birthplace	Germany
8. Full Name of Father	Johannes J Sauer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chatherina Münch
Address	74 Leadenhall Street
Remarks	

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 8th 1876
4. Place of Birth (Street and Number)	5th Josephine St.
5. Full Name of Mother	Hester Owings
6. Mother's Maiden Name	Gaines
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James N. Owings
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. Gilman Atkinson, M.D.
Address	192 Saratoga St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8th 1876
4. *Place of Birth (Street and Number)* No 754 W. Lexington St
5. *Full Name of Mother* Maria Dunbar
6. *Mother's Maiden Name* W. Sands
7. *Mother's Birthplace* Anne Arundel County Md.
8. *Full Name of Father* Samuel Edward Dunbar
9. *Father's Occupation* Provision Broker
10. *Father's Birthplace* South Glastonbury Conn.

Name of Medical Attendant, or other Person who makes this Return. Penbrooke W. Hamilton M.D.

Address No 203 W. Lombard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltim

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RETURN OF A BIRTH.

101.38

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 8th March
4. *Place of Birth* (Street and Number) No 106. Ridgely St
5. *Full Name of Mother* Mary Ellen Jacobs
6. *Mother's Maiden Name* Charles City Co Va
7. *Mother's Birthplace* Julius Edward, Jacobs
8. *Full Name of Father* Clerk
9. *Father's Occupation* Berlin Germany
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Owens

Address No 23. S. Eutaw St

Remarks

10139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1876
4. Place of Birth (Street and Number)	Maternite 163 West Lombard st.
5. Full Name of Mother	Mary Ellen Dewes.
6. Mother's Maiden Name	Mary Ellen Dewes.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Isaac Mogs.
9. Father's Occupation	No business
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	William Rades M. D. Resident Physician
Address	163 West Lombard st. maryland Lying in asylum.
Remarks	The child was born after a labor of about six hours duration appeared healthy and is doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
12
1915

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born March the 8.
4. *Place of Birth (Street and Number)* Webb St No 5.
5. *Full Name of Mother* Mary E. Lane
6. *Mother's Maiden Name* Mary E. Hindly
7. *Mother's Birthplace* born in Baltimor
8. *Full Name of Father* Joseph H Lane
9. *Father's Occupation* Mask and Spaer making
10. *Father's Birthplace* born in Baltimor

Name of Medical Attendant, or other Person who makes this Return. Wilhelmina Miller

Address Stirling St No 165.

Remarks

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

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10141.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1876
4. Place of Birth (Street and Number)	163 West Lombard. Maternite
5. Full Name of Mother	Ella Jones.
6. Mother's Maiden Name	Ella Jones.
7. Mother's Birthplace	City of Baltimore
8. Full Name of Father	Robert Fleming
9. Father's Occupation	No business.
10. Father's Birthplace	City of [illegible]
Name of Medical Attendant, or other Person who makes this Return.	William Rodes. Resident Physician
Address	William Rodes, M. D. Resident Physician to maternite.
Remarks	The child was born after a labor of about seven hours duration. was healthy and is doing well.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 8 th 1876
4. Place of Birth (Street and Number)	No 3 Shakspear Street
5. Full Name of Mother	Barbara Reschny
6. Mother's Maiden Name	" " " Sroboda
7. Mother's Birthplace	Bohemia
8. Full Name of Father	John Reschny
9. Father's Occupation	Tailor
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Theresia Merzel
Address	248 S Bond Street
Remarks	

MAR 14 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1878
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1878
4. *Place of Birth (Street and Number)* No 375 East St
5. *Full Name of Mother* Caroline L. Kiss
6. *Mother's Maiden Name* Caroline L. Lehnal
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Kiss
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm F. August

Address 22 N. Gay Monumental St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

101444

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	March 8th
Place of Birth (Street and Number)	No. 274 Division St.
Full Name of Mother	Annie Stuart
Mother's Maiden Name	Annie Wilson
Mother's Birthplace	Baltimore
Full Name of Father	John Stuart
Father's Occupation	Tailor
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elijah Schmidt
Address	No. 470 Penn. Ave.
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	1 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 8 1876
4. Place of Birth (Street and Number)	Baltimore fulton st 42
5. Full Name of Mother	Rachel S Handy
6. Mother's Maiden Name	Rachel S Mathews
7. Mother's Birthplace	Eclow street Co Md
8. Full Name of Father	Charles Carter Handy
9. Father's Occupation	Sargent of the Police
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Faherger
Address	766 Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8th 1876
4. *Place of Birth (Street and Number)* 239 W. Gay St.
5. *Full Name of Mother* Amelia Bauersfeld
6. *Mother's Maiden Name* " Weyrich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Bauersfeld
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St. Baltimore, Md.

Remarks

Extract Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1876
4. Place of Birth (Street and Number)	No 22 Corbin St. Fell's Pt
5. Full Name of Mother	Mrs Hilker
6. Mother's Maiden Name	Mrs Klein
7. Mother's Birthplace	Prussia Germany
8. Full Name of Father	L. Hilker
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butler
Address	No 209 Monument St Cor of Caroline
Remarks	Well

Extract Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

101115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	March 9. 1876
4. Place of Birth (Street and Number)	10 Patrick Street
5. Full Name of Mother	Ella Maloney
6. Mother's Maiden Name	" Johnson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Maloney
9. Father's Occupation	Seaman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer M.D
Address	201 N. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1876
4. Place of Birth (Street and Number)	412 N Eden st
5. Full Name of Mother	Susan Wilcox
6. Mother's Maiden Name	" Perry
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm L Wilcox
9. Father's Occupation	Bank Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1 N Eden St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th March
4. *Place of Birth (Street and Number)* 10 Watson St.
5. *Full Name of Mother* Emma Swann
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. Swann
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E. Lombard St.

Remarks Seven months child died the 11th March one weakness and Convulsion

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1876
4. Place of Birth (Street and Number)	# 146 Hudson St
5. Full Name of Mother	Margaret Swanor
6. Mother's Maiden Name	Margaret Sanders
7. Mother's Birthplace	Allegheny County Virginia
8. Full Name of Father	William Swanor
9. Father's Occupation	Laborer
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Bassett
Address	# 435 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. STATE
MAR
13
1876
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	9th March 1875.
4. Place of Birth (Street and Number)	376 Light St.
5. Full Name of Mother	Mary Kilby
6. Mother's Maiden Name	Mary Hollditch.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Frederick Kilby.
9. Father's Occupation	Tinner.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner.
Address	No 99 Elizabeth Lane.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 9/76
4. Place of Birth (Street and Number) # 30
5. Full Name of Mother Catharina Rudolph
6. Mother's Maiden Name Catharina Rabet
7. Mother's Birthplace Bavaria
8. Full Name of Father Julius Rudolph
9. Father's Occupation Tailor
10. Father's Birthplace Langenbrin Darmstadt

Name of Medical Attendant, or other Person who makes this Return. H. Hodges

Address 232 Hanover St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

101354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	9th Day of March 1876
4. Place of Birth (Street and Number)	178 S. Dallas St
5. Full Name of Mother	Mary E. Mansfield
6. Mother's Maiden Name	Mary E. Hoover
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Mansfield
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Lee Walker
Address	248 Dallas St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th April 1876
4. Place of Birth (Street and Number)	10 Watson St.
5. Full Name of Mother	Emma Savage
6. Mother's Maiden Name	" Burch
7. Mother's Birthplace	Balto.
8. Full Name of Father	Jno Savage
9. Father's Occupation	Plumber
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

10156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* March 9
4. *Place of Birth (Street and Number)* 130 north Caroline st
5. *Full Name of Mother* Mary frances Butler
6. *Mother's Maiden Name* Mary frances harris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Willam Butler
9. *Father's Occupation* sailor
10. *Father's Birthplace* St marys Co

Name of Medical Attendant, or other Person who makes this Return. Mrs leah fatiman

Address no 82 stuart st

Remarks first Boy Child

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101.57

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 9th of March 1876
4. *Place of Birth* (Street and Number) Peachalley no 45 Green Ave. Canton
5. *Full Name of Mother* Emaline Payne
6. *Mother's Maiden Name* Emaline B
7. *Mother's Birthplace* City
8. *Full Name of Father* Jno B
9. *Father's Occupation* Drayman
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Milley Grice

Address Patapsco avenue no 10

Remarks ——

RETURN OF A BIRTH.

10155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 9th 6.20 P.M. Boy
4. *Place of Birth (Street and Number)* 130 Orleans St.
5. *Full Name of Mother* Rosa Southan
6. *Mother's Maiden Name* Rosa Heugel
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Chas Southan
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D

Address 299 E Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1876
4. Place of Birth (Street and Number)	163 West Lanvale Street. Maternite
5. Full Name of Mother	Annie Goodman.
6. Mother's Maiden Name	Annie Goodman
7. Mother's Birthplace	City of Baltimore.
8. Full Name of Father	Walter goodman
9. Father's Occupation	Farmer.
10. Father's Birthplace	Anne Arundel County maryland
Name of Medical Attendant, or other Person who makes this Return.	William Rades M. D. Resident Physician
Address	163 West Lanvale St maryland lying in asylum.
Remarks	She was delivered of twins after a labor of three

two hours duration. The children are living and doing well.

10160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1876
4. Place of Birth (Street and Number)	Maternite 163 West Lanvhard st
5. Full Name of Mother	Rosa Anderson.
6. Mother's Maiden Name	Rosa Anderson.
7. Mother's Birthplace	City of Baltimore
8. Full Name of Father	John Miller.
9. Father's Occupation	No business.
10. Father's Birthplace	City of Baltimore
Name of Medical Attendant, or other Person who makes this Return.	William Rodes M. D. Resident Physician
Address	William Rodes M. D. Resident Physician to maternite
Remarks	After a labar of about Ten hours duration the child was born in very condition

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 12 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Irish

3. *Date of Birth* March 9th 1876

4. *Place of Birth (Street and Number)* 96. N. Peter St.

5. *Full Name of Mother* Annie Louisa McGee

6. *Mother's Maiden Name* Annie Louisa Bentley.

7. *Mother's Birthplace* Burgundy St. Baltimore

8. *Full Name of Father* James H. McGee

9. *Father's Occupation* × Baltimore Md.

10. *Father's Birthplace* × Laborer

Name of Medical Attendant, or other Person who makes this Return. C. S. Johnson M.D.

Address 153 S. Paca St.

Remarks Face presentation, Os Uteri 4 days. Delivered with instruments, Child very large, but living and healthy.

10162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 March 12

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Thursday 24
4. *Place of Birth* (Street and Number) Plum Alley 25 Eastern Hamburg Sts
5. *Full Name of Mother* Ellen Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Md Dummfret County
8. *Full Name of Father* Charles Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md Dumfret

Name of Medical Attendant, or other Person who makes this Return. Ameaker Robinson

Address

Remarks

Extract from the Ordinances of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10163

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 9th 1876
4. Place of Birth (Street and Number)	No 162 East Lombard st
5. Full Name of Mother	Babetta Mahr
6. Mother's Maiden Name	" Chick
7. Mother's Birthplace	Germany
8. Full Name of Father	Franz Mahr
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Bushmann
Address	120 Bank st.
Remarks	

RETURN OF A BIRTH.

10164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1876
4. Place of Birth (Street and Number)	Baltimore Poppleton No. 105
5. Full Name of Mother	Elenora Ault
6. Mother's Maiden Name	" Smooth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Willian Ault
9. Father's Occupation	Machines
10. Father's Birthplace	Harpers ferry
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 58 Parkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED
MAR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born March the 9.
4. *Place of Birth* (Street and Number) Gay St cor 4 21.
5. *Full Name of Mother* Magdelena Ruth
6. *Mother's Maiden Name* Magdelena Stark
7. *Mother's Birthplace* born in Baltimor
8. *Full Name of Father* Lewis Ruth
9. *Father's Occupation* Superintendent
10. *Father's Birthplace* born in Baltimor

Name of Medical Attendant, or other Person who makes this Return. Wurlburger Meller

Address Stirling St No 165.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

10166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 9 March
4. *Place of Birth* (Street and Number) 54 Bethel Street
5. *Full Name of Mother* Margaret Wolpert
6. *Mother's Maiden Name* Mauter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Wolpert
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Born on the ninth day of March 1876
4. *Place of Birth* (Street and Number) No. 4. Hammond alley
5. *Full Name of Mother* Caroline Ruppert
6. *Mother's Maiden Name* " " Hostler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Ruppert
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Brendel

Address No 208 South Bond St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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10165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) American. White

3. *Date of Birth* 9th March 1876

4. *Place of Birth* (Street and Number) 369. McHenry. St

5. *Full Name of Mother* Ruth. Eligabeth Ringer

6. *Mother's Maiden Name* Darboe.

7. *Mother's Birthplace* Washington D.C.

8. *Full Name of Father* John Thomas Ringer.

9. *Father's Occupation* Bristle Finisher

10. *Father's Birthplace* Hagerstown. Washington Co. Md.

Name of Medical Attendant, or other Person who makes this Return. C Sinclair

Address No 29 Monroe St

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10169

HEALTH DEPARTMENT MAR 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	9th March 1876
4. Place of Birth (Street and Number)	15 Warren st
5. Full Name of Mother	Lucretia Anderson
6. Mother's Maiden Name	Lucretia Ruark
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Anderson
9. Father's Occupation	Sinner
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webster M. D.
Address	57. Barnet
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 10th
4. Place of Birth (Street and Number)	no 102 S. Bond st
5. Full Name of Mother	Lavinia Cumberland
6. Mother's Maiden Name	Wheeler
7. Mother's Birthplace	Balto City.
8. Full Name of Father	William Cumberland
9. Father's Occupation	Canmaker
10. Father's Birthplace	La Salle, Ills.
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kleeber M D
Address	222 N. Broadway
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Duty to Report Births, and Penalty for Neglect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10171

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 14th 1876

4. Place of Birth (Street and Number) 12 Pennsylvania Ave

5. Full Name of Mother Mary Conrad

6. Mother's Maiden Name Mary Straus

7. Mother's Birthplace Germany

8. Full Name of Father August Conrad

9. Father's Occupation Blacksmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R Ridgely

Address 134 N Bond St

Remarks

Extract Regulations of the Board of Health in relation to securing a just and correct Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 10 1876
4. Place of Birth (Street and Number)	Baltimore Hughes st 107
5. Full Name of Mother	Mary Elizabeth Miers
6. Mother's Maiden Name	Mary E Wigner
7. Mother's Birthplace	Germany
8. Full Name of Father	John H Miers
9. Father's Occupation	Stone mason
10. Father's Birthplace	Europe Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fuhrer
Address	766 Read st
Remarks	

10173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth

1. *Sex (~~state whether Male or~~ Female)* Female
2. *Race or Color (if not of the white race)* ~~[illegible]~~ White
3. *Date of Birth* the 10th " March
4. *Place of Birth (Street and Number)* Eagar no 390
5. *Full Name of Mother* Lucy Ellen Ables
6. *Mother's Maiden Name* Lucy Ellen Fowler
7. *Mother's Birthplace* Middlesex Co Va
8. *Full Name of Father* John Phelps Dubois Ables
9. *Father's Occupation* shoe Maker
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. A. M. Lynch

Address 418 E Eagar

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10. 1876
4. Place of Birth (Street and Number)	64 E. Lombard St
5. Full Name of Mother	Fannie Merchant.
6. Mother's Maiden Name	Fannie Klemmer.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Benjamin Merchant.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	D. N. Houck M.D.
Address	75 E. Balto. St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10175

HEALTH DEPARTMENT MAR 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First 2 nd
1. Sex (state whether Male or Female)	White Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 1876
4. Place of Birth (Street and Number)	No. 912 Canton Avenue
5. Full Name of Mother	Mary Jackson
6. Mother's Maiden Name	Mary First
7. Mother's Birthplace	Germany
8. Full Name of Father	Andrew Jackson
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Chester St
Remarks	Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth (9th)

1. *Sex* (state whether Male or Female) ~~Female~~ Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 15th March
4. *Place of Birth* (Street and Number) No 92 Parkin St
5. *Full Name of Mother* Bianca Calvert
6. *Mother's Maiden Name* ~~—~~ Helmbrick
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jno. B. Calvert
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace* City of Balto

Name of Medical Attendant, or other Person who makes this Return. Catherine Sullivan

Address No 139 W Pratt St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1876
4. *Place of Birth (Street and Number)* N 161 Lamade St
5. *Full Name of Mother* Mary Clare Cork
6. *Mother's Maiden Name* Mary Clare Ludlow
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel G. A. Cork
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M D

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10
4. Place of Birth (Street and Number)	19 Dover St
5. Full Name of Mother	Anna Dawma Basloff
6. Mother's Maiden Name	Bement
7. Mother's Birthplace	Henry Dennis
8. Full Name of Father	Shoe Cutter
9. Father's Occupation	Baltimore
10. Father's Birthplace	Mary Hughes
Name of Medical Attendant, or other Person who makes this Return.	328 S Eutaw St
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
15
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether ~~Male or~~ Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 10/76

4. Place of Birth (Street and Number) No 584 W. Baltimore St

5. Full Name of Mother Mary Francis Stiles

6. Mother's Maiden Name Covace

7. Mother's Birthplace Balto Md

8. Full Name of Father Thomas Henry Stiles

9. Father's Occupation Mechanic

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer M.D

Address 379 N. Howard St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
15
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1876
4. *Place of Birth (Street and Number)* 243 Front St
5. *Full Name of Mother* Frances Donohue
6. *Mother's Maiden Name* " Cydings
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Donohue
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula L. Christner

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health relative to securing full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child.
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	
3. Date of Birth	10th March.
4. Place of Birth (Street and Number)	28 south Mount street.
5. Full Name of Mother	Anna Mary Fitzpatrick.
6. Mother's Maiden Name	" " Simmsteen.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Fitzpatrick.
9. Father's Occupation	Brassmaker.
10. Father's Birthplace	Baden Europe.
Name of Medical Attendant, or other Person who makes this Return.	M. A. Sinclair.
Address	45 Monroe street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar. 10. 1876
4. Place of Birth (Street and Number)	125 Moshen St.
5. Full Name of Mother	Mary Rebecca Shepherd
6. Mother's Maiden Name	Gosnell
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Wm. Henry Shepherd
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH.

101853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
MAR 10 1976
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex* (*state whether Male or Female*) male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* March

4. *Place of Birth* (*Street and Number*) Castle Rm 70

5. *Full Name of Mother* Josephine S Purnell

6. *Mother's Maiden Name* " " Rusler

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Isaac M Purnell

9. *Father's Occupation* Salesman

10. *Father's Birthplace* Delaware Md

Name of Medical Attendant, or other Person who makes this Return. W H Buell M.D.

Address

Remarks None

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 1876
4. Place of Birth (Street and Number)	Fremont St.
5. Full Name of Mother	Emma Leach
6. Mother's Maiden Name	Emma Heartlove
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Leach
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Geo. A. Richmond
Address	18 S. Lee St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* Mar 10
4. *Place of Birth (Street and Number)* 106 spring st
5. *Full Name of Mother* martha mason
6. *Mother's Maiden Name* martha lewis
7. *Mother's Birthplace* richmond va
8. *Full Name of Father* joseph mason
9. *Father's Occupation* labor
10. *Father's Birthplace* richmond va

Name of Medical Attendant, or other Person who makes this Return. mrs leah johnson

Address no 32 short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 10th June 1876

4. Place of Birth (Street and Number) 24 Cross St.

5. Full Name of Mother Lizzie Brazier

6. Mother's Maiden Name "

7. Mother's Birthplace Balto

8. Full Name of Father Jacob Brazier

9. Father's Occupation Machinist

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. David Cooper

Address 526 Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth 10th March, 1876. at 1h 40m P.M.

4. Place of Birth (Street and Number) No 441 N. Carey St

5. Full Name of Mother Margaret Jane White

6. Mother's Maiden Name Margaret Jane Phillips

7. Mother's Birthplace Bandon, County Cork, Ireland.

8. Full Name of Father Thomas White

9 Father's Occupation Carriage Builder

10. Father's Birthplace Dorchestershire England.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. S. Smith M.D.

Address 83 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (~~state whether Male or~~ Female)

2. *Race or Color* (~~if not of the~~ white race)

3. *Date of Birth* 10th March 1876.

4. *Place of Birth* (Street and Number) 324, Mosher Street.

5. *Full Name of Mother* Emma Louisa Adams.

6. *Mother's Maiden Name* Emma Louisa Bruning.

7. *Mother's Birthplace* Baltimore,

8. *Full Name of Father* Hamilton Adams,

9. *Father's Occupation* Printer,

10. *Father's Birthplace* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139 Arlington Avenue, Baltimore

Remarks Natural labor, Head presentation, Vertex presentation.

RETURN OF A BIRTH.

11189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex* (state whether Male or Female)	Last a girl
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	11 March 1878
4. *Place of Birth* (Street and Number)	92 Park Calvert st
5. *Full Name of Mother*	Anni Siezering
6. *Mother's Maiden Name*	Anni Seang
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Seang
9. *Father's Occupation*	Bar Keeper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 North chapel st per John Kunkel
Remarks	Healthy

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	Mar. 10. 1876
4. Place of Birth (Street and Number)	9 Raborg St.
5. Full Name of Mother	Jane Deb.
6. Mother's Maiden Name	Jane Edwards
7. Mother's Birthplace	Balts City.
8. Full Name of Father	John Deb
9. Father's Occupation	Laborer
10. Father's Birthplace	Balts. City
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	3 Carlton St.
Remarks	

10191

RETURN OF A BIRTH.

APR 13 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 10th 76
4. Place of Birth (Street and Number)	55 Carlton St
5. Full Name of Mother	Catharine Flory
6. Mother's Maiden Name	Weller
7. Mother's Birthplace	Wurtemberg Germany
8. Full Name of Father	Charles Flory
9. Father's Occupation	Laborer
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	Samuel Easterline M.D.
Address	582 W Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 29 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female — Maude Latham Elsroad
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11. 1876
4. *Place of Birth (Street and Number)* 363 Mulberry Street
5. *Full Name of Mother* Ella C. Elsroad
6. *Mother's Maiden Name* Ella C Hallock
7. *Mother's Birthplace* Rochester New York
8. *Full Name of Father* John T. Elsroad
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Wm F Davis.

Address

Remarks Full given name added by sister upon applying for a transcript. Fanny S. Elsroad (Sister)

J E Wilkin Bath Index Clerk

March 30 1929

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1019.3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
13
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* March 11th 76
4. *Place of Birth* (Street and Number) 29 Jenkins alley
5. *Full Name of Mother* Margaret Leisure
6. *Mother's Maiden Name* Margaret Willis
7. *Mother's Birthplace* Chas Co Maryland
8. *Full Name of Father* Wm Leisure
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 180 Linden Avenue

Remarks Face presentation, child a cyanopsis puke but pelvis being roomy no special trouble or delay.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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101911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 11 March 1856

4. Place of Birth (Street and Number) 39 Exeter St.

5. Full Name of Mother E. Poulter

6. Mother's Maiden Name " Harwich

7. Mother's Birthplace England

8. Full Name of Father T. Poulter

9. Father's Occupation Seaman

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 Exeter St.

Remarks

RETURN OF A BIRTH.

10193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Second Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	The 11th of March
4. Place of Birth (Street and Number)	No 11 Park Avenue
5. Full Name of Mother	Mr. E. Meyer.
6. Mother's Maiden Name	Mr. E. Fries.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	F. Meyer
9. Father's Occupation	Watch maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mr Klemmler No 60 Schroeder st.
Address	
Remarks	

MAR 12 1895

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10196

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* Turkish
3. *Date of Birth* 11 March 1876.
4. *Place of Birth (Street and Number)* ~~Bond St.~~ Bond St.
5. *Full Name of Mother* M. Kotodziejczak.
6. *Mother's Maiden Name* M. Tochowska
7. *Mother's Birthplace* Kopytow by Gnesen
8. *Full Name of Father* Jos. Tochowski.
9. *Father's Occupation* Lebelwork
10. *Father's Birthplace* Plonskowo by Lowgrowice

Name of Medical Attendant, or other Person who makes this Return. Cecilija Zuggaj

Address 128 Thames St. Baltimore. Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT'G
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	march 11th 1876
4. Place of Birth (Street and Number)	12 Bank st.
5. Full Name of Mother	Josephine Gately
6. Mother's Maiden Name	Josphine Martin
7. Mother's Birthplace	England Liverpool.
8. Full Name of Father	Micheal J. Gately
9. Father's Occupation	Physician
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	John H. Conner
Address	N. W. Cor Bank & Broadway
Remarks	none

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d "
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	Negro,
3. Date of Birth	Mch. 11. 1876 —
4. Place of Birth (Street and Number)	Norris St —
5. Full Name of Mother	Hannah Emma Chase,
6. Mother's Maiden Name	Brown,
7. Mother's Birthplace	Pennsylvania,
8. Full Name of Father	Thomas Henry Chase,
9. Father's Occupation	Oyster vender
10. Father's Birthplace	Calvert Co., Md —
Name of Medical Attendant, or other Person who makes this Return.	J. L. Engle M.D.
Address	247 Lawrence St
Remarks	

10199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	15 children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 of March.
4. Place of Birth (Street and Number)	Light St. N. 544
5. Full Name of Mother	Elisabeth Jacobs.
6. Mother's Maiden Name	Elisabeth Hartlove
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bordeaux Jacks.
9. Father's Occupation	brick molder.
10. Father's Birthplace	Berges County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Harlow
Address	West St. No 128.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 16 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 11th day of March 1876.
4. *Place of Birth (Street and Number)* 29 S. Caroline St
5. *Full Name of Mother* Mary Myers
6. *Mother's Maiden Name* Mary Myers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Mrs Lee Walker

Address No 94 S Dallas St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 11th 1876
4. Place of Birth (Street and Number)	No 252 E Pratt St.
5. Full Name of Mother	Barbara Laake
6. Mother's Maiden Name	" Steinlein
7. Mother's Birthplace	City
8. Full Name of Father	Herman Laake
9. Father's Occupation	Collector
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	121 Bank St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 11th 1876
4. *Place of Birth (Street and Number)* No 186 S. Caroline st
5. *Full Name of Mother* Georgeana Kopp
6. *Mother's Maiden Name* " Seaton
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Kopp
9. *Father's Occupation* Barkeeper.
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT
MAR
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* March 11th 1876
4. *Place of Birth (Street and Number)* No 32 Garrett Ave
5. *Full Name of Mother* Peggie Peters
6. *Mother's Maiden Name* Peggie Garrett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harrid. S. Peters
9. *Father's Occupation* ~~Waiter~~ ~~Waiter~~ Shoemaker
10. *Father's Birthplace* " " Virginia

Name of Medical Attendant, or other Person who makes this Return. Lewis H. Bryant

Address No. 181. Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 15 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11th 1876
4. *Place of Birth (Street and Number)* No 108 Fulton Ave. B. C.
5. *Full Name of Mother* Julia Ann Casey
6. *Mother's Maiden Name* J. A. Kelly
7. *Mother's Birthplace* Lancaster County Penn.
8. *Full Name of Father* Thomas Casey
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dr. E. M. Hamilton M.D.

Address No 203 N. Gilmor St.

Remarks By 1st Husband 3 Children 1st Husband Dead
" 2nd " " " "

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 March
4. *Place of Birth (Street and Number)* 124 Spring Street
5. *Full Name of Mother* Lina Linneman
6. *Mother's Maiden Name* Schaeck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Linneman
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Linn
Address No 40 Granby Street
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* march the 11-18-76
4. *Place of Birth (Street and Number)* Baltimore Durham St 120
5. *Full Name of Mother* Henretter ~~Hunt~~ Jackson
6. *Mother's Maiden Name* henretter hunt
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* Daniil Jackson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regester St 130 Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 11. 1876.
4. Place of Birth (Street and Number)	55 N. Bond St.
5. Full Name of Mother	Clara Speights.
6. Mother's Maiden Name	Clara Walter.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Thomas Speights.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hoack M.D.
Address	75 E. Balt. St
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
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1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 2 1
1. Sex (state whether Male ~~or Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch 11th 1876
4. Place of Birth (Street and Number)	245 Lee St
5. Full Name of Mother	Rhoda Nickel
6. Mother's Maiden Name	Clements
7. Mother's Birthplace	Balto city
8. Full Name of Father	John M Nickel
9. Father's Occupation	Painter
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	J H Kenney
Address	76 Pacca St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 11th of March 1876.
4. *Place of Birth (Street and Number)* No 4, 98 Fremont st.
5. *Full Name of Mother* Mary ~~Ann~~ Thurston.
6. *Mother's Maiden Name* Mary, Kap.
7. *Mother's Birthplace* in Baltimore.
8. *Full Name of Father* Joseph Thurston.
9. *Father's Occupation* a Painter
10. *Father's Birthplace* in Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelbirga

Address No 14 Marion st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. 65

10210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	7te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11. 1876
4. Place of Birth (Street and Number)	South Wolf's str 30.
5. Full Name of Mother	Julie Fabel
6. Mother's Maiden Name	Julie Arnold.
7. Mother's Birthplace	Elsas.
8. Full Name of Father	Heinrich Fabel
9. Father's Occupation	Tinner
10. Father's Birthplace	Gisen in Hessen
Name of Medical Attendant, or other Person who makes this Return.	Wm Johann Rampouch
Address	South Wolf str No 28
Remarks	Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 11th 76
4. Place of Birth (Street and Number)	11 Johns Alley
5. Full Name of Mother	Mary A Smith
6. Mother's Maiden Name	A Coleburn
7. Mother's Birthplace	Balto
8. Full Name of Father	Hakem Smith
9. Father's Occupation	Plasterer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy for D T Barker
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 13th 1876.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth March 11th 1876

4. Place of Birth (Street and Number) No 333 Eastern ave.

5. Full Name of Mother Gertraut Puettner

6. Mother's Maiden Name Gertraut ~~Puettner~~ Brendle.

7. Mother's Birthplace Germania

8. Full Name of Father George Puettner.

9. Father's Occupation Laborer.

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arend.

Address No 127 S. Wolfe St.

Remarks

MAR 13 1876 BALTIMORE

10213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 March
4. Place of Birth (Street and Number)	Balair Ave
5. Full Name of Mother	Mary Morris
6. Mother's Maiden Name	Mary Albay
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wilhelm Morris
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No 70 Granby Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	~~White~~
3. Date of Birth	March 12th
4. Place of Birth (Street and Number)	499 Eastern ave
5. Full Name of Mother	Catherine Kehoe
6. Mother's Maiden Name	Catherine Cleary
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Kehoe
9. Father's Occupation	Engineer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	16 12 Patterson Park Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 13th 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 12th 1876
4. *Place of Birth (Street and Number)* No 55 S. Chapple St.
5. *Full Name of Mother* Maggie Doerfler.
6. *Mother's Maiden Name* Maggie Dil.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Doerfler.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Smead

Address No 137 S. Wolfe St.

Remarks

MAR 13 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1876
4. Place of Birth (Street and Number)	No 4 Chapple St. near Lafayette
5. Full Name of Mother	Elizabeth Bolden
6. Mother's Maiden Name	E... Harris
7. Mother's Birthplace	Ireland
8. Full Name of Father	David Bolden
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. F. Bull
Address	No. 209. Monument St. Cor. Central Avenue Place
Remarks	Bothwell.

Blanks and Instructions for the Return of Births to the Office of Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept in the Office of Registrar of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10217

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1876
4. Place of Birth (Street and Number)	No 125 Chew St. Baltimore
5. Full Name of Mother	Kate Baker
6. Mother's Maiden Name	Kate Dash
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Baker
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Hesse Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. M. J. Bell
Address	No 219 Monument St. Cor. Linden Avenue Balto.
Remarks	Both Well

10215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 12th 1876

4. *Place of Birth* (Street and Number) No 15 Weber St

5. *Full Name of Mother* Mary E. Deacon

6. *Mother's Maiden Name* Mary E. Sands

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Thos Deacon

9. *Father's Occupation* Mariner

10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. H B Noble M D

Address 17 Granby av.

Remarks This Child is of Posthumous Birth. the Father dying about Six Months previous with Albuminuria

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

10219

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	March 12th 1876
4. *Place of Birth* (Street and Number)	#116 Caroline St
5. *Full Name of Mother*	Georgana Conaway
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Cambridge Md
8. *Full Name of Father*	Wm E. Conaway
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	Louisa Seaton
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10291

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
14
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 12th 1876
4. Place of Birth (Street and Number)	No 29 Orleans St.
5. Full Name of Mother	Margaretha Stumpf.
6. Mother's Maiden Name	" " Bilger
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Karl Stumpf
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Wolfsmann.
Address	No 175 South Eden St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Female 6 children Female
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Wife
3. Date of Birth	12th March
4. Place of Birth (Street and Number)	West St. N. 128.
5. Full Name of Mother	Mary Foster Mary Mours
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henery Foster
9. Father's Occupation	Labr.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Foster
Address	West St. N 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12th 1876
4. *Place of Birth (Street and Number)* No 187 Central Avenue
5. *Full Name of Mother* Annie Philomina Young
6. *Mother's Maiden Name* Annie Philomina Fecher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Stephen Young
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo Gilligan

Address No 52 E Monument St City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born March the 12,
4. *Place of Birth* (Street and Number) Ensor St No 185.
5. *Full Name of Mother* Josephine Roberts
6. *Mother's Maiden Name* Josephine L Kelley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jame E Roberts
9. *Father's Occupation* Officer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilburger Miller

Address Sterling St No 166

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1029 11

HEALTH DEPARTMENT
MAR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 12th 1876

4. Place of Birth (Street and Number) 162 Hollins St

5. Full Name of Mother Barbara Yeas

6. Mother's Maiden Name Ernest

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Yeas

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mar R. Roberts

Address 134 E Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Mar 15 76

4. *Place of Birth* (Street and Number) 118 Hanover st

5. *Full Name of Mother* Catherine Ernst

6. *Mother's Maiden Name* Dick

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Ernst Rudolph

9. *Father's Occupation* Cooper

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12 '76
4. Place of Birth (Street and Number)	189 Montgomery St.
5. Full Name of Mother	Christiana Steinert
6. Mother's Maiden Name	" Woods
7. Mother's Birthplace	Balto.
8. Full Name of Father	Valentine Steinert
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Saxon Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St.
Remarks	

Extract Regulations of the Board of Health relative to the Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10227

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) tenth

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 12 th March
4. *Place of Birth* (Street and Number) oregon st 36
5. *Full Name of Mother* Elvina Kelbo
6. *Mother's Maiden Name* Elvina Kelbo
7. *Mother's Birthplace* of baltimore
8. *Full Name of Father* Henderson Kelbo
9. *Father's Occupation* Trunk maker
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. L. Somerville

Address 13 Clinton avenue

Remarks

10225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	three
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Light
3. Date of Birth	Born March 12 1876
4. Place of Birth (Street and Number)	10 s bether stret
5. Full Name of Mother	anna v harris
6. Mother's Maiden Name	/
7. Mother's Birthplace	Md
8. Full Name of Father	William harris
9. Father's Occupation	/
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	adelaide Chaplin
Address	No 6 S. Dallas stet
Remarks	Baltimore Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th of March
4. Place of Birth (Street and Number)	509 Pratt St
5. Full Name of Mother	Mary Donahue
6. Mother's Maiden Name	Mary Ward
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Donahue
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr Mary Harrigan
Address	No 111 South St
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102.30

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* March 12. 18[illegible]
4. *Place of Birth (Street and Number)* Eden St # 71
5. *Full Name of Mother* Elizabeth Hinnman
6. *Mother's Maiden Name* " Pettirod
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Andy Pettirod
9. *Father's Occupation* Fisher
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss Rose Welling

Address No 48 Holland St Balt City

Remarks

10231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Youth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	March 12th 1876
4. *Place of Birth* (Street and Number)	110 N Washington Street
5. *Full Name of Mother*	Mary A Thompson
6. *Mother's Maiden Name*	" Lancaster
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Wm A Thompson
9. *Father's Occupation*	Pilot
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N. Dorsey st
Remarks	

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102.32

MAR 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male Child.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	12 of March. 1876.
4. Place of Birth (Street and Number)	N. 30. Abbott st.
5. Full Name of Mother	Laubora Klima
6. Mother's Maiden Name	Lau. Pazourek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Josef Klima.
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Pazourek
Address	N. 30 Abbott st.
Remarks	Born Livi.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first !

1. *Sex (state whether Male or Female)* Male Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12th 1876
4. *Place of Birth (Street and Number)* 60 Harford Ave
5. *Full Name of Mother* Ellen Harrigan
6. *Mother's Maiden Name* " Taylor
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Wesley Harrigan
9. *Father's Occupation* Varnisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrestner

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
15
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12th 1876
4. *Place of Birth (Street and Number)* 48 Chew St
5. *Full Name of Mother* Virginia Percy
6. *Mother's Maiden Name* " Stubbard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Henry Percy
9. *Father's Occupation* Photographer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula C Christner

Address 129 E. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	12 March 1876
4. Place of Birth (Street and Number)	13 Chesnut Ss
5. Full Name of Mother	Kate Landerson
6. Mother's Maiden Name	Kate Anderson
7. Mother's Birthplace	Anna Arundle Co Md
8. Full Name of Father	Geo Landerson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Le Wilker
Address	94 S. Dallas Ss
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth 12th March.

4. Place of Birth (Street and Number) Dwelling No 50. Lyke Street

5. Full Name of Mother Lyke Börline

6. Mother's Maiden Name Magdiah

7. Mother's Birthplace Lyke Smith

8. Full Name of Father Lyke Smith

9. Father's Occupation Laborer.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Masters

Address West St No 125

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1896
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 13th 1896
4. *Place of Birth* (Street and Number) No 48 plum aly
5. *Full Name of Mother* Henrietter Lizzard
6. *Mother's Maiden Name* Williams
7. *Mother's Birthplace* Calvert County
8. *Full Name of Father* Frederic Williams
9. *Father's Occupation* Sailing on a Steamer
10. *Father's Birthplace* State of New York

Name of Medical Attendant, or other Person who makes this Return. Rachel Dorsey

Address No 32 perry st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 13th March 1876.
4. *Place of Birth (Street and Number)* No 4 Peach alley.
5. *Full Name of Mother* Lina Brandt.
6. *Mother's Maiden Name* Lina Gravey.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Antone Brandt.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29, Elezabeth lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102.39

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17. 1876
4. Place of Birth (Street and Number)	Penn. avenue.
5. Full Name of Mother	Mary Agnes Segerman
6. Mother's Maiden Name	" Devine
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Wm H. Segerman.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D
Address	201 W. Biddle Street
Remarks	

Extract Regulations of the Board of Health in relation to securing Returns of Births in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

102110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 13th. 1876
4. *Place of Birth (Street and Number)* 162 E. Fayette
5. *Full Name of Mother* Mary Anna Frese
6. *Mother's Maiden Name* " " Kolfus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Franz Anton Frese
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27. N. Broadway.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 1876
4. Place of Birth (Street and Number)	No 74 Exeter St. Balto Md.
5. Full Name of Mother	Matilda Herman
6. Mother's Maiden Name	Matilda Feely.
7. Mother's Birthplace	Hesse Germany.
8. Full Name of Father	Adam Herman
9. Father's Occupation	Boot Maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 209 Monument St. Cor. Central Avenue Balto.
Remarks	Well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th March 1876
4. *Place of Birth (Street and Number)* 4 Little Second st.
5. *Full Name of Mother* Julia Hall
6. *Mother's Maiden Name* " Kilcoyne
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Hall
9. *Father's Occupation* Sailor
10. *Father's Birthplace* U. States of America

Name of Medical Attendant, or other Person who makes this Return. Maria Kupfer

Address 120 Lombard

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10243

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH
APR 5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 13th 1876
4. *Place of Birth (Street and Number)* 360 Myrtle Ave.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Palmyre D. Warington
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Robt Brown –
9. *Father's Occupation* Merchant –
10. *Father's Birthplace* Baltimore –

Name of Medical Attendant, or other Person who makes this Return. G. H. Airey M. D.

Address 341 Myrtle Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102111

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 13th 1876
4. Place of Birth (Street and Number)	No 195 S. Wolf st
5. Full Name of Mother	Amanda Hoen
6. Mother's Maiden Name	" Piper
7. Mother's Birthplace	Germany
8. Full Name of Father	Casper Hoen
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank sts,
Remarks	

10243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 13 March
4. *Place of Birth* (Street and Number) 46 Caroline Street
5. *Full Name of Mother* Lizzie Hersche
6. *Mother's Maiden Name* Lizzie Simon
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Hersche
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10246

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th.

1. *Sex (state whether Male or Female)* Sies
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 März
4. *Place of Birth (Street and Number)* 320 Aleksander Strit
5. *Full Name of Mother* Kezdi Galikov
6. *Mother's Maiden Name* Sisnol
7. *Mother's Birthplace* Marienverde
8. *Full Name of Father* Lorenz Sisnol
9. *Father's Occupation* Marienverde
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary Gütter

Address Wolf Strit 245.

Remarks

10247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 children
1. Sex (state whether Male or Female)	Easter boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th March 1876
4. Place of Birth (Street and Number)	10 North Wolfe st
5. Full Name of Mother	Barbara Furst
6. Mother's Maiden Name	Barbara Waldheiser
7. Mother's Birthplace	Germany
8. Full Name of Father	Mich Waldheiser
9. Father's Occupation	Araber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Erasenlig Kunkel
Address 71	North Chapel st pr John Kunkel
Remarks	Healthy

Extract from Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th Child

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) Negro

3. *Date of Birth* 13th March

4. *Place of Birth* (*Street and Number*) 13 E. Patrol St

5. *Full Name of Mother* Mary Pinkney

6. *Mother's Maiden Name* Mary Murfoot

7. *Mother's Birthplace* Balt County Maryland

8. *Full Name of Father* Samuel Pinkney

9. *Father's Occupation* Doctor

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Shultze

Address 179 Wilson St

Remarks None

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health of Baltimore, requiring the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH MAR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 13th 1876.
4. Place of Birth (Street and Number)	56 S. Shroder St.
5. Full Name of Mother	Justine Detering
6. Mother's Maiden Name	P. Sinhelle
7. Mother's Birthplace	Oldenburg Germany
8. Full Name of Father	Fred Detering
9. Father's Occupation	Wheelright
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Saphia Wiard
Address	56 Scott Strt.
Remarks	

10250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT BALTO
MAR
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13th 1876
4. *Place of Birth (Street and Number)* 359 W. Fayette St.
5. *Full Name of Mother* Mary Prechtel,
6. *Mother's Maiden Name* " Schillinger
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Geo. F. Prechtel,
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D

Address No. 5 Franklin St. Balto Md.

Remarks

Extract Regulations of the ***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 1876
4. Place of Birth (Street and Number)	142 William St.
5. Full Name of Mother	Willie Esther Owens Hunley
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Geo Wm Owens
9. Father's Occupation	Mariner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C Lee
Address	N. W. cor Hanover & Barre sts
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 13 th March 1876
4. *Place of Birth (Street and Number)* No 26 Union st
5. *Full Name of Mother* Mary Switzer.
6. *Mother's Maiden Name* Mary Haine.
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Whideman Switzer.
9. *Father's Occupation* a Carpner.
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 76.
4. Place of Birth (Street and Number)	149 Columbia Ave.
5. Full Name of Mother	Anna Mathias
6. Mother's Maiden Name	Troutman
7. Mother's Birthplace	Balto
8. Full Name of Father	Frank Matthias
9. Father's Occupation	Barber
10. Father's Birthplace	Herzogthum Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kohl
Address	328 South Eutaw St
Remarks	

Duplicate Registration of the Board of Health of Births in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

102511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 13 th 1876
4. Place of Birth (Street and Number)	No 176 Hamburg st
5. Full Name of Mother	Helene Henkel
6. Mother's Maiden Name	Krause
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Henkel
9. Father's Occupation	Box maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lakowasser midwife
Address	213 Cross st
Remarks	

HEALTH DEPT. MAR 10 1876

Earlier Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 27 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Black

3. *Date of Birth* March 12th 1876

4. *Place of Birth (Street and Number)* No 213 Green st

5. *Full Name of Mother* Hilah Ann Busby

6. *Mother's Maiden Name* Hilah Ann Lane

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Thomas Busby

9. *Father's Occupation* Baker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm H Magee

Address No 10 Richmond st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1874
4. *Place of Birth (Street and Number)* No 9 Fayerweather Ave
5. *Full Name of Mother* Elizabeth Krause
6. *Mother's Maiden Name* Elizabeth Feil
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Krause
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry H. Wagner

Address 1116 Monument St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics

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10257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 14th
4. *Place of Birth* (Street and Number)	141. South Spring St.
5. *Full Name of Mother*	Mrs Catharine Hermann.
6. *Mother's Maiden Name*	Catharine Hillick
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Charles Hermann
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	N203 South Bond Ste
Remarks	

Neglect Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th of March. 1876
4. Place of Birth (Street and Number)	Nro. 118. Iceland Strat. Baltimore M. D.
5. Full Name of Mother	Mary. Elisabeth. Einwaechter
6. Mother's Maiden Name	Mary. Elisabeth. Weyrick.
7. Mother's Birthplace	Baltimore M. D.
8. Full Name of Father	George. Alexander. Einwaechter
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore M. D.
Name of Medical Attendant, or other Person who makes this Return.	
Address	M. Dunkler
Remarks	No 60 Stevens St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health relating to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10259

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 14
4. Place of Birth (Street and Number)	214 S Durham St
5. Full Name of Mother	Lissie Meyers
6. Mother's Maiden Name	" Johnson
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Meyers
9. Father's Occupation	Tinner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Reynold Hirshberg
Address	No 289 S. Bond St
Remarks	

102601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 16 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 14th March 1876
4. *Place of Birth* (Street and Number) 169 Strong Pl.
5. *Full Name of Mother* Annie Mills
6. *Mother's Maiden Name* Nolan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Mills
9. *Father's Occupation* Cook-Driver
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 Columbia

Remarks

Earlier Registration of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 14th. 1876

4. Place of Birth (Street and Number) 451 E. Chase St

5. Full Name of Mother Teresa Smeglar

6. Mother's Maiden Name Murphy

7. Mother's Birthplace New York City

8. Full Name of Father Joseph P. Smeglar

9. Father's Occupation Machinist.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. H. H. White, M.D.

Address 341 N. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
12
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 of March
4. Place of Birth (Street and Number)	Charles St. N. 306.
5. Full Name of Mother	Lizzie Lehr
6. Mother's Maiden Name	Lizzie Steinmüller
7. Mother's Birthplace	Hesselheim
8. Full Name of Father	Louis Lehr.
9. Father's Occupation	Cooper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Starter
Address	West St. N. 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health relative to Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14th March 1876
4. *Place of Birth* (Street and Number) 167 S. Regester St.
5. *Full Name of Mother* Maria Thek
6. *Mother's Maiden Name* Maria Bratek
7. *Mother's Birthplace* Neuhalatt Bavaria
8. *Full Name of Father* Joseph Thek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bayern Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dr. Sanders

Address 203 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th March 1876
4. Place of Birth (Street and Number)	51 South Bond st
5. Full Name of Mother	Mary A. Witcher
6. Mother's Maiden Name	Mary Graph
7. Mother's Birthplace	Germany
8. Full Name of Father	Albert L. Witcher
9. Father's Occupation	Locksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gotzke
Address	55 South Bond st
Remarks	

10263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 Mo. 14 " 1876
4. Place of Birth (Street and Number)	196 N. Calvert St
5. Full Name of Mother	Elizabett Gaddes.
6. Mother's Maiden Name	Elizabett Carter.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Gaddes
9. Father's Occupation	Marble Yard.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M. D.
Address	47 Lexington St.
Remarks	

Extract from Ordinance Requiring a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 fhildern
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 of March
4. Place of Birth (Street and Number)	Charles St. N. 358.
5. Full Name of Mother	Elizabeth Sweeney
6. Mother's Maiden Name	Elizabeth Sweeney
7. Mother's Birthplace	County Island
8. Full Name of Father	John Sweeney
9. Father's Occupation	Laborer Worke.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St N. 128
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. Sex (*state whether Male or Female*) Female

2. Race or Color (*if not of the white race*)

3. Date of Birth March 11th 1871

4. Place of Birth (*Street and Number*) Patapsco & E. Baltimore St

5. Full Name of Mother Mary Ann Hall

6. Mother's Maiden Name Mary Ann Tiler

7. Mother's Birthplace New York

8. Full Name of Father Peter Hall

9. Father's Occupation Engineer Steamboat

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine M. Bedford.

Address No. 10 South Eden St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

112.68

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 14 - 1876

4. Place of Birth (Street and Number) 94 Miles St.

5. Full Name of Mother Rosa Jane Davis

6. Mother's Maiden Name Bell

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm H. Davis

9. Father's Occupation Mantle Setter & Glazier

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E. Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

112,69

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 11th

1. *Sex* (*state whether Male or Female*) boy

2. *Race or Color* (*if not of the white race*) Colored

3. *Date of Birth* March 14th

4. *Place of Birth* (*Street and Number*) 10 Elbow Land

5. *Full Name of Mother* Ellen Newman

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Anne Arundle County Maryland

8. *Full Name of Father* Peter Newman

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Harford County Md

Name of Medical Attendant, or other Person who makes this Return.

Address No. 11 Burgundy Alley Deborah Thomas

Remarks

10270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 30 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 14th 1876
4. Place of Birth (Street and Number)	299 Cross Street
5. Full Name of Mother	Elise Vogel
6. Mother's Maiden Name	" " Straus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Karl Vogel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Male

3. Date of Birth March 14 - 1896

4. Place of Birth (Street and Number) 105 E Eutaw St

5. Full Name of Mother Elizabeth J Jones

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry C Jones

9. Father's Occupation Merchant

10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary Rice

Address 5 E Madison St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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U068

10272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1878
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	4 te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14. 1876
4. Place of Birth (Street and Number)	S. Regis Str 52
5. Full Name of Mother	Anna Wacker
6. Mother's Maiden Name	Anna Feuerbacher
7. Mother's Birthplace	Bayer Jahsenheimer
8. Full Name of Father	Anton Wacker
9. Father's Occupation	Tailor
10. Father's Birthplace	Bair in Baiern
Name of Medical Attendant, or other Person who makes this Return.	Wm Johann Baumgarten
Address	Light Wilkst No. 28
Remarks	Mut wife

No. 66.

RETURN OF A BIRTH.

10273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 14. 1876
4. Place of Birth (Street and Number)	West Schroeder St
5. Full Name of Mother	Friedrike Müller
6. Mother's Maiden Name	Friedrike Getzinger
7. Mother's Birthplace	Filsburg Baden
8. Full Name of Father	Konrad Müller
9. Father's Occupation	Pulvermühlearbeiter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Koenigsack
Address	Saint Wolfgang St No 251
Remarks	Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 14. 1876
4. Place of Birth (Street and Number)	corn Wolf ste 62
5. Full Name of Mother	Maria Trenkampf
6. Mother's Maiden Name	Maria Kettler
7. Mother's Birthplace	Cincinati Ohio
8. Full Name of Father	Ferdinand Trenkampf
9. Father's Occupation	Cigarren maker
10. Father's Birthplace	Lane Clendaine
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Neupert
Address	South Wolf ste No 28
Remarks	corn wife

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10275

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 14th 1876
4. Place of Birth (Street and Number)	No 240 S Bond st
5. Full Name of Mother	Elizabeth Schlegel
6. Mother's Maiden Name	" Schwartz
7. Mother's Birthplace	City
8. Full Name of Father	Frank Schlegel
9. Father's Occupation	Segar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank st
Remarks	

10276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1876
4. *Place of Birth (Street and Number)* Lodenhall Street No 15
5. *Full Name of Mother* Kate Strauch
6. *Mother's Maiden Name* Katt Kott
7. *Mother's Birthplace* Britsurth Baiern
8. *Full Name of Father* Henry Strauch
9. *Father's Occupation* Draymen
10. *Father's Birthplace* Kaiserr Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Strauch

Address No 21 Lodenhall Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15. 1876
4. Place of Birth (Street and Number)	Falls Road
5. Full Name of Mother	Mrs — Ford
6. Mother's Maiden Name	— Lunsellwood
7. Mother's Birthplace	Balto Co
8. Full Name of Father	David Lord
9. Father's Occupation	Driver Lee Wagon
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	B. B. Browne M.D
Address	307 Madison Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

102.78

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15. 1876
4. *Place of Birth (Street and Number)* No. 73. Lavahamm Street
5. *Full Name of Mother* Loiefe Osterhues
6. *Mother's Maiden Name* Loiefe Wetekam
7. *Mother's Birthplace* Bremen Germanie
8. *Full Name of Father* Henry Osterhues
9. *Father's Occupation* Lu
10. *Father's Birthplace* Hannover Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunker

Address 60 Schroeder St

Remarks

10279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* —

3. *Date of Birth* 14th March 1876.

4. *Place of Birth (Street and Number)* 113 N. Caroline

5. *Full Name of Mother* Mary Sr.

6. *Mother's Maiden Name* Beech

7. *Mother's Birthplace* Balto.

8. *Full Name of Father* Frederick M. Stinger

9. *Father's Occupation* Paper Hanger

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Burial Casper

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10280

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 15th March 1876

4. Place of Birth (Street and Number) 13 Canal St.

5. Full Name of Mother Mary Redman

6. Mother's Maiden Name Whalen

7. Mother's Birthplace Ireland

8. Full Name of Father Bernard Redman

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspar

Address 52 C. Row Lane.

Remarks

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	—
3. *Date of Birth*	March 15 1876
4. *Place of Birth* (Street and Number)	238 Maryland ave
5. *Full Name of Mother*	Sallie L Gault
6. *Mother's Maiden Name*	Cague
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Wm A Gault
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Wm Kent
Address	55 N Green st.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10282.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th child

1. Sex (state ~~whether Male~~ or Female) Female

2. Race or Color (if not of the white race) white.

3. Date of Birth March 15th 1876

4. Place of Birth (Street and Number) N. 7 Russel St.

5. Full Name of Mother Alexine Brazier

6. Mother's Maiden Name Alexine Lamouret

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father G. W. Brazier

9. Father's Occupation Plumber

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Henry Salzer

Address 165 W Lombard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th March
4. Place of Birth (Street and Number)	518 Bond Street
5. Full Name of Mother	Lizzie Rahlfink
6. Mother's Maiden Name	Lizzie Dittmann
7. Mother's Birthplace	Germany
8. Full Name of Father	August Rahlfink
9. Father's Occupation	Cupper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No 70 Granby Stret
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

102811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th March 1876
4. Place of Birth (Street and Number)	69 South Broadway
5. Full Name of Mother	Rosa Branstad
6. Mother's Maiden Name	Rosa Brabus
7. Mother's Birthplace	Germany
8. Full Name of Father	William Branstad
9. Father's Occupation	Book Binder
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Alex Gedake
Address	55 South Bond st
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 of March.
4. Place of Birth (Street and Number)	Harper St. N 344.
5. Full Name of Mother	Mary Bartlett
6. Mother's Maiden Name	Mary Hanson
7. Mother's Birthplace	Clinge Castle
8. Full Name of Father	Michel Bartley
9. Father's Occupation	Labor York.
10. Father's Birthplace	Clinge Castle
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St N 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) Born March 13th 1876

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth*
4. *Place of Birth (Street and Number)* Born 251 Preston st.
5. *Full Name of Mother* Sara Kirchner.
6. *Mother's Maiden Name* Sara Jennings
7. *Mother's Birthplace* Germany Baden.
8. *Full Name of Father* Christoph Kirchner
9. *Father's Occupation* Dry Furniture Finisher
10. *Father's Birthplace* Germany Indiana

Name of Medical Attendant, or other Person who makes this Return. Dr. Lander.

Address 251 Preston st. Balto.

Remarks

Christoph Kirchner 251 Preston Balto

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE BOARD OF HEALTH
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 15th 1876
4. Place of Birth (Street and Number)	918 S. Bond Street
5. Full Name of Mother	Isabelle Jean Doane
6. Mother's Maiden Name	" " Parsons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles H Doane
9. Father's Occupation	Lumber Inspector
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Merrill
Address	286 N. Donough st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 15 1876

4. Place of Birth (Street and Number) 4 George

5. Full Name of Mother Eliza Clabaugh

6. Mother's Maiden Name Gerrehty

7. Mother's Birthplace Balto

8. Full Name of Father William Clabaugh

9. Father's Occupation Painter

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. H. Kemp M.D.

Address 55 N. Green St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED
MAR
1910
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15th 1910
4. Place of Birth (Street and Number)	113 N Stricker St
5. Full Name of Mother	Mamie Hug
6. Mother's Maiden Name	Mamie Kay
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	William H Hug
9. Father's Occupation	Railroad Engineer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Kiguelen MD
Address	17 N Calhoun St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 ~~1st~~
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th May 1876
4. Place of Birth (Street and Number)	Thames St N° 30
5. Full Name of Mother	Mary Klawon
6. Mother's Maiden Name	Maria Hubka
7. Mother's Birthplace	in Bohemia Europe
8. Full Name of Father	Anton Hubka
9. Father's Occupation	Wirthschafter
10. Father's Birthplace	in Bohemia Europe
Name of Medical Attendant, or other Person who makes this Return.	Hebamme
Address	Therese Mergel Bond St. 298.
Remarks	Baltimore Md 22 May 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY DEPT OF HEALTH MAR 25 1876 BALTIMORE

10291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	of the Colord race
3. *Date of Birth*	March 15 ... 76
4. *Place of Birth* (Street and Number)	Lewis St N° 11
5. *Full Name of Mother*	Eliza Malie
6. *Mother's Maiden Name*	Eliza mcGlotten
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Nathaniel Malie
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Susan Ellis
Address	10 N Short alley
Remarks	

HEALTH DEPT
MAR
1876
BALTIMORE

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
21
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th of March
4. Place of Birth (Street and Number)	431 Cathedral St.
5. Full Name of Mother	Eugenia Sargeant Hartung
6. Mother's Maiden Name	Eugenia " Guyton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Miller Hartung
9. Father's Occupation	Carpenter
10. Father's Birthplace	Cumberland City Md.
Name of Medical Attendant, or other Person who makes this Return.	Elias Baldwin
Address	152 Townsend St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...ct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) boy

2. Race or Color (if not of the white race) colored

3. Date of Birth March 15th 1876

4. Place of Birth (Street and Number) 12 72 Burgundy Alley

5. Full Name of Mother Sarah Stewart

6. Mother's Maiden Name Sarah Stewart

7. Mother's Birthplace Accomac County Va

8. Full Name of Father not known

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

102914

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male~~ or Female) White

2. Race or Color (if not of the white race)

3. Date of Birth Mch 15th 1876

4. Place of Birth (Street and Number) 68 S Pulpleton

5. Full Name of Mother Annie E Harr

6. Mother's Maiden Name Wood

7. Mother's Birthplace Leesburg Va

8. Full Name of Father Jesse M Harr

9. Father's Occupation Pattern Maker

10. Father's Birthplace Washington D C

Name of Medical Attendant, or other Person who makes this Return. M Heaney

Address 76 Stark St

Remarks

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* March 15th 1876.
4. *Place of Birth* (Street and Number) Bryon Street No 15.
5. *Full Name of Mother* Janette Meyers.
6. *Mother's Maiden Name* Janette King
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Simon King
9. *Father's Occupation* Store keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Byrne

Address 114 Bond do.

Remarks

Extract Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1876
4. *Place of Birth (Street and Number)* 61 Bevan St
5. *Full Name of Mother* Ellen Garrett
6. *Mother's Maiden Name* " Tierney
7. *Mother's Birthplace* County Cork Ireland
8. *Full Name of Father* Peter G. Garrett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ennis "County Clare" Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula D Chrisman

Address 129 E Monument St

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 15th March 1876
4. *Place of Birth (Street and Number)* No 6 painters court
5. *Full Name of Mother* Maria Key
6. *Mother's Maiden Name* Maria Briscoe
7. *Mother's Birthplace* Saint Marys County Md
8. *Full Name of Father* John Ferris Key
9. *Father's Occupation* Laborer
10. *Father's Birthplace* New Orleans

Name of Medical Attendant, or other Person who makes this Return. Charlotte Hayden

Address No 35 low st

Remarks in good help

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT MAR 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st /

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth March 15th 1876

4. Place of Birth (Street and Number) No 111 Eastern Ave

5. Full Name of Mother Louisa Butschky.

6. Mother's Maiden Name Louisa Lange

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Butschky.

9. Father's Occupation None.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Hoffmann

Address No 173 East Eutaw St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract from Regulations for the Registration of Births, Deaths, and Marriages, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

102.99

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether Male or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (*Street and Number*)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

10300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 15th 1876
4. *Place of Birth (Street and Number)* 253 Dolphin St
5. *Full Name of Mother* Maggie Waldon
6. *Mother's Maiden Name* " — "
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Mary Cook

Address 232 Dolphin St

Remarks This child lived only about one hour

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

10301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st 4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	15 March 1876
4. Place of Birth (Street and Number)	N. Washington ct Hrby N 7
5. Full Name of Mother	Maria Mathejka
6. Mother's Maiden Name	Maria Voralchova
7. Mother's Birthplace	Třebetin in Bohemia
8. Full Name of Father	John Mathejka
9. Father's Occupation	Laboror
10. Father's Birthplace	Lohow in Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopsiet
Address	69 N. Washington st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10302

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 17 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 15
4. Place of Birth (Street and Number)	Shakespeare St. No 28
5. Full Name of Mother	Caroline Franke
6. Mother's Maiden Name	" Bonow
7. Mother's Birthplace	Sitkow
8. Full Name of Father	Hermany Franke
9. Father's Occupation	Labor
10. Father's Birthplace	Pommern
Name of Medical Attendant, or other Person who makes this Return.	Reginald Herdaye
Address	No 289 S. Bond St.
Remarks	

Extract from Regulations of the Board of Health relating to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 16 of March 76

4. Place of Birth (Street and Number) Tremont st. S. E. Cor. Saratoga

5. Full Name of Mother Katharina Riendorf

6. Mother's Maiden Name " Lerch

7. Mother's Birthplace Baltimore

8. Full Name of Father John Riendorf

9. Father's Occupation Carpenter

10. Father's Birthplace Seringhausen (Germany)

Name of Medical Attendant, or other Person who makes this Return. C. A. Heldmann M. D.

Address 120 Paca st.

Remarks

103011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16th 1916
4. Place of Birth (Street and Number)	No 257 N. Eden St. Baltimore City
5. Full Name of Mother	Lina Rosenberger
6. Mother's Maiden Name	Lina Metzold
7. Mother's Birthplace	Unstadt Bavaria Germany
8. Full Name of Father	Lawrence Rosenberger
9. Father's Occupation	Musicianer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No. 209 Monument St. Cor. Central Ave. Bull Md
Remarks	All Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 16th 1876
4. *Place of Birth (Street and Number)* 65 N. Castle st.
5. *Full Name of Mother* Mary Ann Scanlon
6. *Mother's Maiden Name* " " Hagan
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Michael Augustus Scanlon
9. *Father's Occupation* Ice Dealer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2

1. Sex (state whether Male or Female) Male child

2. Race or Color (if not of the white race) colard

3. Date of Birth bound the 16 March

4. Place of Birth (Street and Number) Ballimor register st 128

5. Full Name of Mother Alvate hillard

6. Mother's Maiden Name Alvate Atkins

7. Mother's Birthplace Ballimor

8. Full Name of Father John H etkins

9. Father's Occupation Brick maker

10. Father's Birthplace Ballimoce

Name of Medical Attendant, or other Person who makes this Return. Zarah Ides

Address 247 orlens st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th of March
4. Place of Birth (Street and Number)	622 St Peter St
5. Full Name of Mother	Sylis Gallock
6. Mother's Maiden Name	Julia Fox
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Casper Gallock
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horigan
Address	112 Scott St
Remarks	

10308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 16th March 1876.

4. Place of Birth (Street and Number) 37 North St.

5. Full Name of Mother Lizzie Schuey

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Sarah Dagben

Address 526 E. Lombard St

Remarks

Register of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10309

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE CITY MAR 13 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 10th March
4. *Place of Birth (Street and Number)* Patrick st - ct No 33
5. *Full Name of Mother* Susan ct Carter
6. *Mother's Maiden Name* Susan ct Murry
7. *Mother's Birthplace* Chester Town Eastern Shore Md
8. *Full Name of Father* Isaiah Carter
9. *Father's Occupation* Shod Carter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Shallcot Ware

Address 202 Raboge st

Remarks

10310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16th 1876
4. Place of Birth (Street and Number)	No 79 N Liberty Street Balto Md
5. Full Name of Mother	Sophronia Fisher
6. Mother's Maiden Name	" Curry
7. Mother's Birthplace	Balto Md
8. Full Name of Father	E J O Fisher
9. Father's Occupation	Rep'r of Philadelphia Papers
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andre M.D.
Address	No 121 E Balto St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 6th 1876

4. Place of Birth (Street and Number) 19 E. Eagle Alley

5. Full Name of Mother Sarah Elizabeth Mallett

6. Mother's Maiden Name Elizabeth

7. Mother's Birthplace Easton, Talbot County, Md.

8. Full Name of Father Not named

9. Father's Occupation "

10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. Lucinda Willard

Address 19 E. Eagle Alley

Remarks This child lived about one hour

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. CITY
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 16 March
4. *Place of Birth (Street and Number)* No 320 Hamburg Street
5. *Full Name of Mother* Hetty Johnson
6. *Mother's Maiden Name* Hetty Robeson
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Charles Johnson
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jul A Spence

Address No 293 Hamburg Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

In the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
MAR
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* March 11th 1878

4. *Place of Birth* (Street and Number) Saturday 11th 1878 Eutaw St.

5. *Full Name of Mother* Mary Ann Elizabeth Baldwin

6. *Mother's Maiden Name* Mary Ann Elizabeth Bedford

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Baldwin

9. *Father's Occupation* Wagon Painter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. R. Bedford

Address No. 16 Lee Co. St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

103114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	March 16
4. Place of Birth (Street and Number)	219 S Howard St
5. Full Name of Mother	Mary Mason
6. Mother's Maiden Name	Mary Cole
7. Mother's Birthplace	Maryland
8. Full Name of Father	Mr Mason
9. Father's Occupation	Laber
10. Father's Birthplace	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	E Stubes
Address	No 42 Druid Hill Ave
Remarks	

10315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) W

3. Date of Birth March 16th 1876

4. Place of Birth (Street and Number) 26½ Lee st

5. Full Name of Mother Henrietta Ullman

6. Mother's Maiden Name Henrietta Rosenstock

7. Mother's Birthplace Germany

8. Full Name of Father Henry Ullman

9. Father's Occupation Drover

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Melsitz M.D.

Address 57 Barnet

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1876 316

HEALTH DEPART
MAR
22
1876
BALTIMORE MD

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* 16th March 1876

4. *Place of Birth* (*Street and Number*) 149 Hanover

5. *Full Name of Mother* Emma Neser

6. *Mother's Maiden Name* Emma Turner

7. *Mother's Birthplace* Va

8. *Full Name of Father* Henry Neser

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. H H Webster M D

Address 57 Barnet

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Seckond

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* march the 16 1876
4. *Place of Birth (Street and Number)* Douglass St No 15
5. *Full Name of Mother* gustia myers
6. *Mother's Maiden Name* gustia myers
7. *Mother's Birthplace* Queanne County maryland
8. *Full Name of Father* ——
9. *Father's Occupation* ——
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address meredth Hooden med Wife

Remarks 57 east Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

#10318

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10319

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16 1876
4. Place of Birth (Street and Number)	No 12 Johnson st
5. Full Name of Mother	Eliza Bennet
6. Mother's Maiden Name	Eliza McClelland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Bennet
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10320

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16th 1876
4. Place of Birth (Street and Number)	Clinton St the number
5. Full Name of Mother	Mary Olivia Lebrun
6. Mother's Maiden Name	Mary Olivia Garrett
7. Mother's Birthplace	Cecil County Md
8. Full Name of Father	Louis Stephen Lebrun
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 West Anna St
Remarks	

RETURN OF A BIRTH.

10321

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 16th 1876.
4. *Place of Birth (Street and Number)* 176 Mulliken St.
5. *Full Name of Mother* Martha Butler.
6. *Mother's Maiden Name* Easton.
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Saml. H. Butler.
9. *Father's Occupation* —
10. *Father's Birthplace* Washington District

Name of Medical Attendant, or other Person who makes this Return. City Physician

Address 61 Dunkirk St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 March 1876
4. Place of Birth (Street and Number)	88 Mulberry Street
5. Full Name of Mother	Adelaide Hucht
6. Mother's Maiden Name	" Imwald
7. Mother's Birthplace	Balt City
8. Full Name of Father	Theodore Hucht
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D
Address	201 N. Biddle St.
Remarks	

APR 1876

Extract Regulations of the Board of Health relating to Returns of Births and Deaths to the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11th 1874
4. *Place of Birth (Street and Number)* 118 West Fayette Ave
5. *Full Name of Mother* Louisa Heyer
6. *Mother's Maiden Name* Louisa Hellegast
7. *Mother's Birthplace* Germany
8. *Full Name of Father* J. H. Heyer
9. *Father's Occupation* Liquor Store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louis Hellegast

Address 118 West Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

103211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. *Sex (state whether Male or Female)* Femal

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 17 of March

4. *Place of Birth (Street and Number)* Central Avenues № 293

5. *Full Name of Mother* Katharina Richter

6. *Mother's Maiden Name* Katharina Luhnster

7. *Mother's Birthplace* born in Baltimore

8. *Full Name of Father* Henri Richter

9. *Father's Occupation* Tinsmith

10. *Father's Birthplace* born. in Nürnberg Bayn.

Name of Medical Attendant, or other Person who makes this Return. Wirlburger Müller

Address Sterling St № 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	1.1. March
4. Place of Birth (Street and Number)	Baltimore city. 122 South Bond Street.
5. Full Name of Mother	Josephine Clauss.
6. Mother's Maiden Name	Josephine Mattei
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Phillip Henry Clauss
9. Father's Occupation	Baker.
10. Father's Birthplace	Isaben Maxell Parsen
Name of Medical Attendant, or other Person who makes this Return.	Mrs L. Brendel
Address	1208 South Bond Str
Remarks	

10326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1876
BALTIMORE MD

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) white

3. *Date of Birth* 15th March

4. *Place of Birth* (*Street and Number*) 130 Hanover St. Balto

5. *Full Name of Mother* Lucinda Mason

6. *Mother's Maiden Name* Lucinda Mason

7. *Mother's Birthplace* Richmond Virginia

8. *Full Name of Father* Abel Solomon Mayer

9. *Father's Occupation* Proprietor

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Isaac E. Cashey

Address 115 Hanover St. Both Same

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd Mo 17th 1876.
4. Place of Birth (Street and Number)	180 N Carey St.
5. Full Name of Mother	Georgianna Diggs.
6. Mother's Maiden Name	Georgianna Cullimore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno R. Diggs.
9. Father's Occupation	Bally Tax office
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Riley. M. D.
Address	47 Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10,325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth — (8th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negress

3. Date of Birth Friday March 17th 1826 - (11 o'clock A.M.)

4. Place of Birth (Street and Number) 84 North St

5. Full Name of Mother Anne Eliza McCoy

6. Mother's Maiden Name " " "

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Adams

9. Father's Occupation Waiter

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Charles G. Welch M.D.

Address 67 N Calvert St

Remarks, Labor brought on three weeks before full period by a fall — Labor lasting five or six hours —

10329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) american race

3. Date of Birth 5 March 17th 1876

4. Place of Birth (Street and Number) Dallas St # 201

5. Full Name of Mother Caroline Shirl

6. Mother's Maiden Name " Jewick

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Shirl

9. Father's Occupation Carpenter

10. Father's Birthplace Bayou Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 215 Hollins St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 17th 1876.
4. Place of Birth (Street and Number)	83 n. Stroder st.
5. Full Name of Mother	Caroline Flemetta
6. Mother's Maiden Name	C. Weissmuller
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Christoph Flemmetta
9. Father's Occupation	Saucier
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wemel
Address	56 Pearl Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17th 76
4. Place of Birth (Street and Number)	266 N Gay
5. Full Name of Mother	Louisa Smith
6. Mother's Maiden Name	Louisa Abel
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Smith
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. L. Reynolds M.D.
Address	17 N Calhoun St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10330

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 1 1911

4. Place of Birth (Street and Number) 11 Lorraine Ave

5. Full Name of Mother Gertrude Pearl Ransom

6. Mother's Maiden Name Gertrude Pearl Ransom

7. Mother's Birthplace Baltimore

8. Full Name of Father Daniel Webster Ridgely

9. Father's Occupation Engineer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary M Ridgely

Address 134 E Biddle St

Remarks

Extract Regulations of the Board of Health relative to securing a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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103311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 17th 1875
4. Place of Birth (Street and Number)	482 A Gay Street
5. Full Name of Mother	Mary Emnea Bromell
6. Mother's Maiden Name	" " Crocker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Henry Bromell
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	186 Mc Donough st
Remarks	

MAR 22 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex* (state whether Male or Female) last a boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* born the 17th of March
4. *Place of Birth* (Street and Number) 6 North Wolfe st
5. *Full Name of Mother* Maggie Benking
6. *Mother's Maiden Name* Maggie Fritch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Fritch
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chapel st Crescentia Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 17th March

4. *Place of Birth* (Street and Number) No 381 Centre Ave

5. *Full Name of Mother* Mary A. Millar

6. *Mother's Maiden Name* Mary A. Early

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* James Millar Jr

9. *Father's Occupation* Plumber

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. Whitridge

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MAR 20 1876

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17th 1876
4. Place of Birth (Street and Number)	69 McCulloh Street
5. Full Name of Mother	Sannie B. Bradenbaugh
6. Mother's Maiden Name	Sannie B. Seal
7. Mother's Birthplace	Parkersburg, W. Virginia
8. Full Name of Father	J. Frank Bradenbaugh
9. Father's Occupation	Merchant
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	W. O. Hilsbergh
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
1876
BAL

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th 1876
4. *Place of Birth (Street and Number)* 70 Walsh St
5. *Full Name of Mother* Mary Louisa Boyd
6. *Mother's Maiden Name* Dempsey
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* Joseph B Boyd
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5. Franklin St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
21
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 17th 1876

4. Place of Birth (Street and Number) No 29 Lorena St.

5. Full Name of Mother Susan Rupert

6. Mother's Maiden Name Susan Rupert

7. Mother's Birthplace Switzerland

8. Full Name of Father Ferdinand Rupert

9. Father's Occupation Shoemaker

10. Father's Birthplace Switzerland

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Gamble

Address No 203 W Lombard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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10.3.110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17th /76
4. Place of Birth (Street and Number)	# 57 S. Caroline St.
5. Full Name of Mother	Anna Stein
6. Mother's Maiden Name	Anna Stahlstadt
7. Mother's Birthplace	Kaca, Bavaria
8. Full Name of Father	Paul Stein
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Ebermannstadt Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lotzer
Address	# 123 S. Durham St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twin
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17
4. Place of Birth (Street and Number)	143 Lower St.
5. Full Name of Mother	Elizabetha Damar
6. Mother's Maiden Name	Stumpf
7. Mother's Birthplace	Kur Hessen Irvin
8. Full Name of Father	Andrew Damer
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	~~Baltimore~~ Kur Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Rook
Address	328 South Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 1-31-57

10.312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

John Henry Shoemaker

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17. 76
4. Place of Birth (Street and Number)	249 Stark St.
5. Full Name of Mother	Maria Shoemaker
6. Mother's Maiden Name	" Meyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas Shoemaker
9. Father's Occupation	Baltimore
10. Father's Birthplace	Brickmaker
Name of Medical Attendant, or other Person who makes this Return.	Dr Mary Kirk
Address	328 South Eutaw
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10343

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 18th March 1876 No. 299 E Madison Street

4. Place of Birth (Street and Number)

5. Full Name of Mother Marthey Jane Dair

6. Mother's Maiden Name do " do " Edwards

7. Mother's Birthplace Belair Hartford Co.

8. Full Name of Father Ephriam E. Dair

9. Father's Occupation Steam & Gas. Fitter

10. Father's Birthplace Belair Maryland

Name of Medical Attendant, or other Person who makes this Return. Ann L. Lloyd

Address No. 164 N. Howard Street Balt. Md

Remarks Child was born on Saturday 5.30 O.clock

RETURN OF A BIRTH.

113411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1875
4. *Place of Birth (Street and Number)* 72 S Broadway
5. *Full Name of Mother* Sarah Rau
6. *Mother's Maiden Name* " Reichenberg
7. *Mother's Birthplace* Germany Baden
8. *Full Name of Father* Joseph Rau
9. *Father's Occupation* Clothing Store
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St. Balto Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111

10345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)	Eleventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1876
4. Place of Birth (Street and Number)	257 Madison Avenue
5. Full Name of Mother	Mary R. Hall
6. Mother's Maiden Name	Mary R. Cunningham
7. Mother's Birthplace	Frederick County. Maryland.
8. Full Name of Father	Robt C. Hall
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. C. Wilson Jr
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	March 18th
4. Place of Birth (Street and Number)	29 N. Ballo St
5. Full Name of Mother	Charlotte Jane Brown
6. Mother's Maiden Name	Dennis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo H. Brown
9. Father's Occupation	House Furnishing Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 N. Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10.347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 22 1876 BAL ORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth March 8th 1876

4. Place of Birth (Street and Number) 33 Orleans St

5. Full Name of Mother Louisa Koehler

6. Mother's Maiden Name Fuhs

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Koehler

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. K. Ryder

Address 134 E Baltimore St.

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Ms

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 18th 1896

4. Place of Birth (Street and Number) 28 Hanover St

5. Full Name of Mother Susanna R. Hall

6. Mother's Maiden Name " " Della

7. Mother's Birthplace Baltimore City Maryland

8. Full Name of Father Frank L. Wade

9. Father's Occupation Teamster

10. Father's Birthplace Alexander Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr A Bell M.D.

Address 1611 E. Stuart St

Remarks Twins Physical Condition All Right

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* March 18
4. *Place of Birth (Street and Number)* Warner Street ~~No.~~ 190
5. *Full Name of Mother* Francis Davis
6. *Mother's Maiden Name* Bennett
7. *Mother's Birthplace* Kent Island
8. *Full Name of Father* Elijah Davis
9. *Father's Occupation* Single occupation
10. *Father's Birthplace* Kent Island

Name of Medical Attendant, or other Person who makes this Return. Charlett Annie Johnson

Address Warner Street 188

Remarks twins

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 18th 1876

4. Place of Birth (Street and Number) No 186 S Washington st.

5. Full Name of Mother Katherina Marshall

6. Mother's Maiden Name " Lahn

7. Mother's Birthplace City

8. Full Name of Father William Marshall

9. Father's Occupation Mariner

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	279 Hanover St.
4. Place of Birth (Street and Number)	March 18th 1870
5. Full Name of Mother	Lydie Bowen
6. Mother's Maiden Name	Lidie Dempsey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Benson A Bowen
9. Father's Occupation	Fireman
10. Father's Birthplace	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Richmond
Address	183 Lee St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning Returns of Births and Deaths to be made to the Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th of March
4. Place of Birth (Street and Number)	630 W Pratt St
5. Full Name of Mother	Mary Tighe
6. Mother's Maiden Name	Mary Whalen
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Tighe
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Miss Mary Horrigan
Address	112 Scott St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge; who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1876
4. Place of Birth (Street and Number)	No 65 Marsh Market Space
5. Full Name of Mother	Margaret Neal
6. Mother's Maiden Name	do Brandt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Neal
9. Father's Occupation	Laborer
10. Father's Birthplace	Balti.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 So Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1876
4. Place of Birth (Street and Number)	Md. Lying in Asylum
5. Full Name of Mother	Mary Andrews
6. Mother's Maiden Name	Same
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Miller
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Rodes Nutt
Address	163 W. Lombard St.
Remarks	

MAR 3 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10.333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 18th
4. Place of Birth (Street and Number)	No 141 W. Lombard Str.
5. Full Name of Mother	Pauline Roeder
6. Mother's Maiden Name	Pauline Gerhardt
7. Mother's Birthplace	Altenburg Germany
8. Full Name of Father	August Roeder
9. Father's Occupation	Lagerbeer Saloon Keeper
10. Father's Birthplace	Altenburg Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Henry Balzer
Address	163 W Lombard St.

Remarks 3 days after birth high fever (105 degrees) took place and any symptoms of metritis are beginning Peritonitis. high dose of salicyl. acid (3 ii a day) reduced the fever and since yesterday the symptoms are disappearing.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
1916
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 18th 1916
4. Place of Birth (Street and Number)	1213 Cross St.
5. Full Name of Mother	Danietta Fallen
6. Mother's Maiden Name	Hennagen
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Fallen
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lancaster mid wife
Address	213 Cross St.
Remarks	

Extract from Regulations of the Board of Health of Baltimore City, relative to the Registration of Births and Deaths in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 18th 1876
4. Place of Birth (Street and Number)	No 345 Hanover st.
5. Full Name of Mother	Margareth Stuart
6. Mother's Maiden Name	Shepert
7. Mother's Birthplace	America
8. Full Name of Father	Isaac Stuart
9. Father's Occupation	Carpenter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	D. Schroeder midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Statistics in the City of Baltimore.

rect Record of Vital Sta

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14331

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18th 1876.
4. *Place of Birth (Street and Number)* 354 Linden Avenue
5. *Full Name of Mother* Caroline E. Emery
6. *Mother's Maiden Name* Caroline E. Kellogg.
7. *Mother's Birthplace* Boston Mass.
8. *Full Name of Father* Joshua Emery Jr.
9. *Father's Occupation* Auctioneer
10. *Father's Birthplace* North Weymouth Mass

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D.

Address 316 Madison Avenue

Remarks

10337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18th. 1876.
4. *Place of Birth (Street and Number)* 416 E. Balt. St.
5. *Full Name of Mother* Mary Louise
6. *Mother's Maiden Name* Mary Barnes
7. *Mother's Birthplace* Balt. Md.
8. *Full Name of Father* John Louise
9. *Father's Occupation* Messenger in Criminal Court
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. J. Glanville, Black Jr.

Address Balt & Wash. Sts.

Remarks Natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 18th 1879

4. Place of Birth (Street and Number) 2111 Light St

5. Full Name of Mother Maria Mitchell

6. Mother's Maiden Name Sleyter

7. Mother's Birthplace Baltimore

8. Full Name of Father Francis Mitchell

9. Father's Occupation Common Merch

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm C A Reuter

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 18 1876
4. Place of Birth (Street and Number)	67 Dawson Alley
5. Full Name of Mother	Harriett Adams
6. Mother's Maiden Name	Harriett Lee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Adams
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Susan Armstrong No 3 Cross Alley
Remarks	Rear green st Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 March 1876
4. Place of Birth (Street and Number)	70 Oxford St.
5. Full Name of Mother	Mary Catharine Weichert
6. Mother's Maiden Name	" " Waltjen
7. Mother's Birthplace	Balt City
8. Full Name of Father	John Weichert
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer MD
Address	201 W. Biddle Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 18th
4. Place of Birth (Street and Number)	35 Lexington St
5. Full Name of Mother	Hester Blunt
6. Mother's Maiden Name	" " Fowler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anthony Blunt
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lydia Porter
Address	20 Hill St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

103611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 18th 1876
4. Place of Birth (Street and Number)	No 231 E. Fayette str
5. Full Name of Mother	Franziska Hochhaus
6. Mother's Maiden Name	" Strobel
7. Mother's Birthplace	City
8. Full Name of Father	Charles E. Hochhaus
9. Father's Occupation	Silversmith
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bruchmann
Address	120 Banks sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10363

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 16
4. *Place of Birth (Street and Number)* 51 Caibyal Lane
5. *Full Name of Mother* Walburka Hummel
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Hummer
9. *Father's Occupation* Sadler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 20 Grumby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female 4

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 18th March 1876.

4. *Place of Birth (Street and Number)* 13 Bo Colvin St

5. *Full Name of Mother* Betty Goodman

6. *Mother's Maiden Name* Cohen

7. *Mother's Birthplace* Russia

8. *Full Name of Father* Abraham Goodman

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 18th 1876
4. Place of Birth (Street and Number)	534 W. Lombard St
5. Full Name of Mother	Josephine Stewart Wiggin
6. Mother's Maiden Name	" " Baltimore
7. Mother's Birthplace	Samuel F. Stewart
8. Full Name of Father	~~Burger~~ Hunter
9. Father's Occupation	Baltimore
10. Father's Birthplace	Catherine Seybach
Name of Medical Attendant, or other Person who makes this Return.	439 W. Pratt Street
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 18th 1876
4. Place of Birth (Street and Number)	27 Lemmon Street
5. Full Name of Mother	Ellen Feely
6. Mother's Maiden Name	" " Boyle
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Feely
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Catherina Seebach
Address	439 W. Pratt Street
Remarks	Catherina Seebach

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18. 1876
4. Place of Birth (Street and Number)	# 245 N. Caroline St.
5. Full Name of Mother	Emily M. Brian
6. Mother's Maiden Name	" " Higgins
7. Mother's Birthplace	Queen Annes Co. Md.
8. Full Name of Father	Thomas A. Brian
9. Father's Occupation	Farmer
10. Father's Birthplace	Queen Annes Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch. 19. 1876
4. Place of Birth (Street and Number)	× 332 N. Bond St.
5. Full Name of Mother	Eunice German
6. Mother's Maiden Name	" Perri
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Samuel German
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	× 305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED REGISTRAR'S OFFICE MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6tes Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 19th 1876.
4. *Place of Birth (Street and Number)* N. Dallas St. No 7.
5. *Full Name of Mother* Luzia Babikow
6. *Mother's Maiden Name* Luzia Schmidt.
7. *Mother's Birthplace* Bremerhafen, Kr. Preussen Germany.
8. *Full Name of Father* Julius Babikow
9. *Father's Occupation* Brass Works,
10. *Father's Birthplace* Bremerhafen Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks Dead born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
25
1916
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 19th March 1916
4. *Place of Birth* (*Street and Number*) 1 N Wolfe St
5. *Full Name of Mother* Henrietta Lily Pleis
6. *Mother's Maiden Name* Pleiman
7. *Mother's Birthplace* N. Hatboro Pennsa
8. *Full Name of Father* Pierce Alfred
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Penna Carpin

Name of Medical Attendant, or other Person who makes this Return. .....

Address 52 E Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

Relative to Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 19th March 1876

4. Place of Birth (Street and Number) 17 Canal St

5. Full Name of Mother Johanna Juergen

6. Mother's Maiden Name " Juergen

7. Mother's Birthplace Denmark

8. Full Name of Father Chas Juergen

9. Father's Occupation Cabinet maker

10. Father's Birthplace Denmark

Name of Medical Attendant, or other Person who makes this Return. Sarah Harper

Address 22 E Lain Lard. St.

Remarks

10371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 19th 1876
4. Place of Birth (Street and Number)	Division Street No 12
5. Full Name of Mother	Bridget Walsh
6. Mother's Maiden Name	Bridget Mooney
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Walsh
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No 45 Monroe St
Remarks	

Sect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1876
4. Place of Birth (Street and Number)	102 Scott St
5. Full Name of Mother	Sarah Ellen Marriott
6. Mother's Maiden Name	" " Randall
7. Mother's Birthplace	" Balto
8. Full Name of Father	James H. Marriott
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	J. R. White M.D.
Address	234 N. Fayette St
Remarks	Quick Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 19th March 1876.
4. *Place of Birth (Street and Number)* No 6 Grelse lane
5. *Full Name of Mother* Magretha Possley
6. *Mother's Maiden Name* Magretha Schapler.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Bernard Possley.
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elezabeth. lane.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d,~~ 3d, &c.*)

1. Sex (*state whether Male ~~or Female~~*)

2. Race or Color (*if not of the white race*)

3. Date of Birth 19th March 1876

4. Place of Birth (*Street and Number*) Cor Washington & Gay sts

5. Full Name of Mother Hallie Ann Rickes

6. Mother's Maiden Name " " Hollingsworth

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Rickes

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Russell

Address N. W. Cor Broadway & Madison

Remarks

10378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 19th 1876
4. Place of Birth (Street and Number)	Sharp Alley, Bet Fremont and Whalecraft Sts.
5. Full Name of Mother	Ethella Johnson
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City. Md.
8. Full Name of Father	George Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	3 Carlton St Balto City.
Remarks	

Extract from the Ordinances for the Registration of Births and Deaths and Returns of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10378
10379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1876
4. Place of Birth (Street and Number)	Baltimore Ridgely St 112
5. Full Name of Mother	Mary Dolen
6. Mother's Maiden Name	" Mahoney
7. Mother's Birthplace	Ireland
8. Full Name of Father	John J. Dolen
9. Father's Occupation	Gas. Fitter
10. Father's Birthplace	Ellicott City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 58 Parkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 19th March

4. *Place of Birth (Street and Number)* No. Number Hudson Alley.

5. *Full Name of Mother* Mandy Tunell

6. *Mother's Maiden Name* " Edwards

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Hairwood Tunell

9. *Father's Occupation* Shoemaker.

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FILES
APR
5
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male ~~or Female~~) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 19th

4. *Place of Birth* (Street and Number) Cor Broad & Baltic

5. *Full Name of Mother* Matilda Chase

6. *Mother's Maiden Name* Matilda Stevens

7. *Mother's Birthplace* Philadelphia Pa

8. *Full Name of Father* John E Chase

9. *Father's Occupation* Custom House Offr

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W C Jamison M.D.

Address 1202 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1876
4. *Place of Birth (Street and Number)* N° 157 Park Avenue
5. *Full Name of Mother* Mary Hellen Browne
6. *Mother's Maiden Name* Mary Hellen Scott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Ariell Browne
9. *Father's Occupation* Attorney
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N° 114 Park Avenue

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american
3. *Date of Birth* March 19th 1876
4. *Place of Birth (Street and Number)* Dallas St # 157
5. *Full Name of Mother* Eliza Fisher
6. *Mother's Maiden Name* Schaden
7. *Mother's Birthplace* Europe
8. *Full Name of Father* John H. Fisher
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Reilly

Address 45 Holland St Balto City

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

103811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* March 19 1875
4. *Place of Birth (Street and Number)* Low 17 H 102
5. *Full Name of Mother* Isabell Oppenheimer
6. *Mother's Maiden Name* " Lowenthal
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Samuel Oppenheimer
9. *Father's Occupation* ~~Grocer~~ Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nolley

Address 48 N Holland St Balto City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Records of Vital Statistics in the City of

RETURN OF A BIRTH.

10353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1879
4. Place of Birth (Street and Number)	Baltimore Cortland st No. 55
5. Full Name of Mother	Fannie Dunegan
6. Mother's Maiden Name	" Donehue
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mickel Dunegan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parker st
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Duty to make Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) ☆

3. Date of Birth 19 March 1876

4. Place of Birth (Street and Number) 209 E Lombard St.

5. Full Name of Mother Elisabethe Duering

6. Mother's Maiden Name Doepfer

7. Mother's Birthplace Germany

8. Full Name of Father Christoph Duering

9. Father's Occupation Liquor Dealer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10.351

HEALTH DEPT
MAR
20
1896
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1896
4. Place of Birth (Street and Number)	118 Lee Street
5. Full Name of Mother	Annie Hickey
6. Mother's Maiden Name	Annie McCroden
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo. F. Hickey
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	A Adolfson M.D.
Address	543 Cumberland St
Remarks	

10385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BAL. MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1876
4. Place of Birth (Street and Number)	157 Biddle St
5. Full Name of Mother	Harriet Hamilton
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Frank Hamilton
9. Father's Occupation	Night Worker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ursula L. Schriemer
Address	129 E Monument St
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10389

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Illegitimate
2. Race or Color (if not of the white race)	Pure White
3. Date of Birth	March 19th 1916
4. Place of Birth (Street and Number)	No 276 N Front
5. Full Name of Mother	Caroline Sleeger
6. Mother's Maiden Name	Kissinger
7. Mother's Birthplace	York Penna
8. Full Name of Father	Wm H Sleeger
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula D Chrisimer
Address	129 E. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 19 - 1896

4. Place of Birth (Street and Number) 110 N Queen St

5. Full Name of Mother Mary E Harper

6. Mother's Maiden Name Mary E Hubbard

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father John W Harper

9 Father's Occupation Carpenter

10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. W H Lee M.D.

Address 5 Mulberry St

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10391

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 20th 1876
4. *Place of Birth (Street and Number)* 94 Stirling st Baltimore Md
5. *Full Name of Mother* Mary J. Wicks
6. *Mother's Maiden Name* Mary J Banks
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James Wilson
9. *Father's Occupation* Driver
10. *Father's Birthplace* Harford

Name of Medical Attendant, or other Person who makes this Return. Sophia A. Hines

Address 135 Chesnut st Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 20th 1876
4. Place of Birth (Street and Number)	No 37 Edward st.
5. Full Name of Mother	Bridgit Canavan
6. Mother's Maiden Name	Bridget Canavan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jarrell Chrissler
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. A. J. Bull
Address	No 29 Monument St. Cor of Central Ave Baltimore City
Remarks	M. C. Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 20th 1876
4. *Place of Birth* (Street and Number)	East Monument 3. East
5. *Full Name of Mother*	Fredonia Just
6. *Mother's Maiden Name*	Fredonia
7. *Mother's Birthplace*	Bavarish Germany
8. *Full Name of Father*	Charles Just
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. T. Bull
Address	No 209 Monument St. Cor. Central Avenue Balto. City
Remarks	M. Bull

RETURN OF A BIRTH.

10394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6. child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22nd 1876
4. Place of Birth (Street and Number)	N. 24 16th. Madison
5. Full Name of Mother	Maggie Paull
6. Mother's Maiden Name	Maggie Imhoff.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	~~Peter~~ Fred. Jabo
9. Father's Occupation	John Paull
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Otis Schuyler
Address	716 S. A.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	March 20th
4. Place of Birth (Street and Number)	Norwood's Court (No number)
5. Full Name of Mother	Mrs Dyle
6. Mother's Maiden Name	
7. Mother's Birthplace	North Carolina
8. Full Name of Father	Aaron Dyle
9. Father's Occupation	Any & every thing
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	M Sullivan
Address	192 Pearl st
Remarks	

10396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 20th 1876
4. Place of Birth (Street and Number)	38 Republican St.
5. Full Name of Mother	M. Wailander
6. Mother's Maiden Name	M. Fiereman
7. Mother's Birthplace	Prussian
8. Full Name of Father	Henry Wailander
9. Father's Occupation	Carpenter
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wiand
Address	36 Hanover St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 20 March 1876
4. *Place of Birth* (Street and Number) 152 Edmonson Av.
5. *Full Name of Mother* Anna Elis. Nitze
6. *Mother's Maiden Name* A. E. Borremann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Nitze
9. *Father's Occupation* Vice Consul of Russia. Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. E. E. Pape M. D.

Address 55. N. Eutaw St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect, Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORÆ CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	20 of March
4. Place of Birth (Street and Number)	West St. No 101.
5. Full Name of Mother	virginia Sippel
6. Mother's Maiden Name	virginia Livsey
7. Mother's Birthplace	Deliware
8. Full Name of Father	Frank M. Sippel
9. Father's Occupation	farter
10. Father's Birthplace	Ballimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10.399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 27 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Childern
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	20 of March.
4. Place of Birth (Street and Number)	Hanover St No 425
5. Full Name of Mother	Catharn Callar
6. Mother's Maiden Name	Catharn higgers
7. Mother's Birthplace	County galway.
8. Full Name of Father	John Callar.
9. Father's Occupation	Labor.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Mrs Martin West St. No 148
Address	
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

104400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 27 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 20th 1876
4. Place of Birth (Street and Number)	Baltimore Carey st No. 11
5. Full Name of Mother	Mary Quinn
6. Mother's Maiden Name	" Conners
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Conners
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Mitchell
Address	No 58 Parkins st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

104401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 27 [illegible]

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth 20 March 1916

4. Place of Birth (Street and Number) Hospital [illegible] 1 to 10

5. Full Name of Mother Mrs. [illegible]

6. Mother's Maiden Name —

7. Mother's Birthplace Baltimore City

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Physician Baltimore

Address [illegible] Henry St

Remarks Mother Child doing Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10402

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 27 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 20th of March
4. *Place of Birth* (Street and Number) No 496 Fremont Street
5. *Full Name of Mother* Annie Delphey
6. *Mother's Maiden Name* Annie Stich.
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Anton Delphey.
9. *Father's Occupation* a Butcher
10. *Father's Birthplace* born in germany

Name of Medical Attendant, or other Person who makes this Return. Theodor Hess Sheridan Building

Address No 14 Union Street.

Remarks

RETURN OF A BIRTH.

10403

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3rd.

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race* (~~*if not of the white race*~~) *Color*
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Maud E. Field
181 Lloyd Street
Martha V. Holtz
Martha V. McCauley
South Dover Annie Arnold Co
David Holtz
Machinist,
Balto City
John L. K. Krozel M.D

Extract Regulations in the ... Record of Vital Statistics ... of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

104011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 20 ed 1876
4. Place of Birth (Street and Number)	№ 370 Light st
5. Full Name of Mother	Elvine Field
6. Mother's Maiden Name	Kelly.
7. Mother's Birthplace	America
8. Full Name of Father	Harry Field
9. Father's Occupation	Fisher
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohzouski midwife
Address	213 Cross st.
Remarks	

rect Record.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 20 ed 1876
4. Place of Birth (Street and Number)	Garrison Lane. Balt. county
5. Full Name of Mother	Cristine Stumpf
6. Mother's Maiden Name	Rossmar
7. Mother's Birthplace	Germany.
8. Full Name of Father	Nicolaus Stumpf
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schlosser midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10406

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 17 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 20
4. *Place of Birth* (Street and Number) 216 S Bethel St
5. *Full Name of Mother* Henrietta Schäfer Kohler
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* G. Henry Schäfer
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eugene Heidlage

Address No 289 S Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16

10407

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HERALD PRINTING
MAR
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 29th 1876.
4. *Place of Birth (Street and Number)* No 20 Eules lane.
5. *Full Name of Mother* Mary Finan.
6. *Mother's Maiden Name* Mary Gaffney
7. *Mother's Birthplace* Ireland Ft.
8. *Full Name of Father* Patrick Finan.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruene

Address 114 Aliceg de.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 27th 1876.

MAR 22 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20th 1876.
4. *Place of Birth (Street and Number)* No 37 Eastern Ave.
5. *Full Name of Mother* Mary ~~Wagner~~ Friedel
6. *Mother's Maiden Name* Mary Friedel. Wagner.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Charles Friedel.
9. *Father's Occupation* Bakery.
10. *Father's Birthplace* Germanie.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S Wolfe St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Fifth 5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 20th 1876
4. Place of Birth (Street and Number)	120 Boyd St.
5. Full Name of Mother	Mary Henschaw
6. Mother's Maiden Name	" Nolan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Henschaw
9. Father's Occupation	Mechanic
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill
Address	432 W. Fayette St.
Remarks	

10410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex* (state whether Male or Female) last a girl

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* born the 25th of March 1876

4. *Place of Birth* (Street and Number) 21 North Castle st

5. *Full Name of Mother* Ezabela Ink

6. *Mother's Maiden Name* Ezabela Whites

7. *Mother's Birthplace* born in Baltimore

8. *Full Name of Father* William Whites

9. *Father's Occupation* Wheelright

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentius Saunders

Address 71 North Chapel [illegible] St John Lutheran

Remarks Healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 21st of March 1896

4. Place of Birth (Street and Number) 10 South Chester, Baltimore Md.

5. Full Name of Mother Antoinette East

6. Mother's Maiden Name } nee Pleasonton

7. Mother's Birthplace Philadelphia

8. Full Name of Father Edward G. East

9. Father's Occupation Interpreter

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Gerstenberger

Address No. 379 W. Pratt Str. Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. Child

1. *Sex* (state whether Male or ~~Female~~) [illegible]
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 21th 1876
4. *Place of Birth* (Street and Number) Orleans St. No 178
5. *Full Name of Mother* Katharina Fuhrer
6. *Mother's Maiden Name* Katharina Baethel
7. *Mother's Birthplace* Ettelderbach. Gr. Hessen Germany
8. *Full Name of Father* Elias Fuhrer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Granedenborn Kr. Reussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

105113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1876
4. Place of Birth (Street and Number)	No 313 William st
5. Full Name of Mother	Emma J. Mitchell Sullivan
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	James B. Mitchell
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

101111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
MAR
1896
BAL

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March the 21st 1896
4. *Place of Birth* (Street and Number)	27 Walker Street
5. *Full Name of Mother*	Caroline Fresch
6. *Mother's Maiden Name*	" " " Kaufman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Frederick Fresch
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Segbach
Address	439. ~~439~~ W. Pratt Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Daniel

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 of March
4. *Place of Birth (Street and Number)* No 65 Monroe St
5. *Full Name of Mother* Frances Kerr
6. *Mother's Maiden Name* Fusia
7. *Mother's Birthplace* Schwitzland
8. *Full Name of Father* George Kerr
9. *Father's Occupation* Saddlemaker
10. *Father's Birthplace* Hannastar

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address No 45 Monroe St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1916
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 21st Mch 16
4. *Place of Birth (Street and Number)* 212 East one
5. *Full Name of Mother* Leah A. Monroe
6. *Mother's Maiden Name* " " Bailey
7. *Mother's Birthplace* md
8. *Full Name of Father* Geo. H. Monroe
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G L Tanyhill MD

Address 1214 N Biddle

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 21 st 1876
4. Place of Birth (Street and Number)	No 300 Eastern Ave
5. Full Name of Mother	Ida Wallace
6. Mother's Maiden Name	" Selden
7. Mother's Birthplace	City
8. Full Name of Father	Dennis Wallace
9. Father's Occupation	Oyster Schucker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank ster.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) Bradford's Alley

5. Full Name of Mother Lucinda Fowler

6. Mother's Maiden Name Lucinda Roots

7. Mother's Birthplace Caroline Co Virginia

8. Full Name of Father Robert Adolphus Fowler

9. Father's Occupation General Laborer

10. Father's Birthplace Frederick City Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Foot

Address

Remarks

10119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 21st 1876
4. *Place of Birth* (Street and Number) No 46 Castle St
5. *Full Name of Mother* Sarah Kane
6. *Mother's Maiden Name* Sarah Kane
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Kane
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 21st 1876
4. Place of Birth (Street and Number)	286 Hanover Street
5. Full Name of Mother	Elise Schmidt
6. Mother's Maiden Name	" " Schmidt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ludwig Schmidt
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

16121

MAR 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth of child
1. Sex (state whether Male or Female)	Male child
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 of March
4. Place of Birth (Street and Number)	N. 5 Abbott street
5. Full Name of Mother	Maria Bolek
6. Mother's Maiden Name	Ma Kalal
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Matej Bolek
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Pazourek
Address	N. 32 Abbott st.
Remarks	Born Live

10422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 21 " 76
4. Place of Birth (Street and Number)	506 Lexington St.
5. Full Name of Mother	Elizabeth Sundermeyer
6. Mother's Maiden Name	Schwartze
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Jos Sundermeyer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Westphalia Germany
Name of Medical Attendant, or other Person who makes this Return.	Jos Dumler
Address	No 60 N. Schroeder
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1876
4. Place of Birth (Street and Number)	No. 109 S. Washington St.
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Charles
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Jas. Brown
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Markfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

101211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	21 of March
4. Place of Birth (Street and Number)	184 Paterson Park avnue
5. Full Name of Mother	Jane E Johnson
6. Mother's Maiden Name	Jane E Hughes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Johnson
9. Father's Occupation	Waterman
10. Father's Birthplace	A Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1976
BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 21
4. *Place of Birth (Street and Number)* No 7 Schakespear St
5. *Full Name of Mother* Gertrude Mann
6. *Mother's Maiden Name* " Simon
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Michel Mann
9. *Father's Occupation* Labor
10. *Father's Birthplace* Bayern

Name of Medical Attendant, or other Person who makes this Return. Freyinn Theilaye

Address No 289 L Fond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

10426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth March 21st 1876 3 o'clock a.m.

4. Place of Birth (Street and Number) No 3 N. Mount St.

5. Full Name of Mother Nena Mc Colleum

6. Mother's Maiden Name Kiger

7. Mother's Birthplace Winchester Frederick Co Va

8. Full Name of Father Charles L. Mc Colleum

9. Father's Occupation ~~Engineering~~ Teller Howard Bank

10. Father's Birthplace Westminster Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return. N. G. Keirle, M.D.

Address 74 N. Paca St.

Remarks

Extract Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10 11 27

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 31 1876 BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 390 E Chase St March 21st, 1876
4. Place of Birth (Street and Number) 390 E Chase St
5. Full Name of Mother Ann R. Aylworth-
6. Mother's Maiden Name " " Evans
7. Mother's Birthplace Baltimore Co., Md
8. Full Name of Father Wm B. Aylworth-
9. Father's Occupation Carpenter
10. Father's Birthplace Canada East

Name of Medical Attendant, or other Person who makes this Return. W. W. White, M. D.

Address 341 E. Broadway

Remarks Child Strong

Further Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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10428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1876
4. Place of Birth (Street and Number)	No 90 Annity St
5. Full Name of Mother	Kate Brooks
6. Mother's Maiden Name	Kate Butler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Brooks
9. Father's Occupation	Police Officer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D
Address	17 Warren av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED FEB APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21 1876
4. Place of Birth (Street and Number)	26 George St
5. Full Name of Mother	Horace Harcourt
6. Mother's Maiden Name	Adair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H Harcourt
9. Father's Occupation	Printer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W. H. Kemp M.D.
Address	55 N Green St
Remarks	

10430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. CITY
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 21st 1876

4. Place of Birth (Street and Number) 127 Dallas St

5. Full Name of Mother Mary Baltimore

6. Mother's Maiden Name Buddenbohn

7. Mother's Birthplace Germany

8. Full Name of Father William Buddenbohn

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L. F. Coyne

Address 132 St Paul

Remarks

Health Department of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

104431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1876
4. Place of Birth (Street and Number)	N 150 Caroline St.
5. Full Name of Mother	Mary Heinz Heinecke
6. Mother's Maiden Name	Mary Heinz
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Ernst Heinecke
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	#177 S. Chapel St.
Remarks	F. P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ics in the City of Baltimore.

Extract from Regulations of the Board of Health relative to Births and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10432

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american
3. *Date of Birth* March 21st 1876
4. *Place of Birth (Street and Number)* Jefferson St # 257
5. *Full Name of Mother* Louise Caroline
6. *Mother's Maiden Name* " Ebert
7. *Mother's Birthplace* Saxon Europe
8. *Full Name of Father* George H. Caroline
9. *Father's Occupation* Coal Heaver
10. *Father's Birthplace* Hanover Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Rose Mabry

Address — 48 Holland St Balt City

Remarks

To Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 21 1876

4. Place of Birth (Street and Number) 21 Burgundy alley

5. Full Name of Mother Grace Talbot

6. Mother's Maiden Name

7. Mother's Birthplace Accomac county Va

8. Full Name of Father Edward Talbot

9. Father's Occupation Laborer

10. Father's Birthplace Accomac County Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 21 Burgundy alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

104311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	161 E Lombard St
4. Place of Birth (Street and Number)	22 March 1876
5. Full Name of Mother	Elizabeth Ernst
6. Mother's Maiden Name	Elizabeth Schmidt
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Schmidt
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goetze
Address	54 South Bond St
Remarks	

RETURN OF A BIRTH.

101135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 R

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 22 March
4. *Place of Birth (Street and Number)* Belair Market
5. *Full Name of Mother* Lina Schmidt
6. *Mother's Maiden Name* Lina Goetz
7. *Mother's Birthplace* Lahr (Baden)
8. *Full Name of Father* Charles Schmidt
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace* Biedenkopf (Germany)

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Reinhardt

Address 224 W. Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

101436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 22d 1876.

4. *Place of Birth (Street and Number)* 70 Eutaw.

5. *Full Name of Mother* Catherine Leighton.

6. *Mother's Maiden Name* Emma Gilson

7. *Mother's Birthplace* Halifax. Nova Scotia

8. *Full Name of Father* John Graham

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Scotland. England

Name of Medical Attendant, or other Person who makes this Return. Laurence Brune.

Address 114 Battery Av.

Remarks

RETURN OF A BIRTH.

10437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 22nd 1876
4. *Place of Birth* (Street and Number)	56 Bolton St.
5. *Full Name of Mother*	Esther Ann Whistler
6. *Mother's Maiden Name*	Esther Ann Bailey
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Geo. W. Whistler
9. *Father's Occupation*	
10. *Father's Birthplace*	New Haven, Conn.
Name of Medical Attendant, or other Person who makes this Return.	S. C. Chew M. D.
Address	141 Lamade St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

104 38

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 of March 1876
4. Place of Birth (Street and Number)	No 20 Chew Street
5. Full Name of Mother	Henerjetta Standiford
6. Mother's Maiden Name	" " Zimmers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isaac Slendeford
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mitel
Address	Constitution Sheet
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22d 1876.
4. Place of Birth (Street and Number)	Elliott st No 3.
5. Full Name of Mother	Kathern Körner
6. Mother's Maiden Name	Cathern Haselman
7. Mother's Birthplace	Antwerp Germ.
8. Full Name of Father	Franz. Körner
9. Father's Occupation	Butcher
10. Father's Birthplace	Hanover Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	No. 320 Allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

104110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 22th 1876
4. Place of Birth (Street and Number)	No 2 Layloye Street
5. Full Name of Mother	Magretta Wiener
6. Mother's Maiden Name	" " " Vawinkel
7. Mother's Birthplace	Germany
8. Full Name of Father	George Wiener
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Korner
Address	No 29 Elizabeth Lane
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10-11-111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22nd 1876
4. Place of Birth (Street and Number)	351 Light St
5. Full Name of Mother	Eugenia. C. Miller.
6. Mother's Maiden Name	Eugenia C. Travers
7. Mother's Birthplace	Balto City
8. Full Name of Father	Lynn. F. Miller
9. Father's Occupation	Clerk
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. C. Buch M D
Address	141 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10442

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAR 30 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fifth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March the 22 1876
4. Place of Birth (Street and Number)	379 Orleans st.
5. Full Name of Mother	Mary Virginer Wright
6. Mother's Maiden Name	Fife
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Sylvester Sherry Wright
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Mizell
Address	286 McDonogh st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

104443

BOARD OF HEALTH
MAR 20 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 22 March. 1876.
4. *Place of Birth* (Street and Number) No 212 Hanover St.
5. *Full Name of Mother* Mc Weber.
6. *Mother's Maiden Name* Mc Reinhardt.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry Weaber.
9. *Father's Occupation* Confectionary
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Katharine Horner

Address No 29 Elizabeth Lane.

Remarks

RETURN OF A BIRTH.

10 1 1 4 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch. 22. 1876
4. Place of Birth (Street and Number)	# 427 N. Central av.
5. Full Name of Mother	Julia A. Rasin
6. Mother's Maiden Name	" " Claypoole
7. Mother's Birthplace	Kent Co. Md.
8. Full Name of Father	S. Freeman Rasin
9. Father's Occupation	Clerk of Court Common Pleas
10. Father's Birthplace	Kent Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5 th

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* March 22nd 1876

4. *Place of Birth* (*Street and Number*) 42 S. Carey Ave.

5. *Full Name of Mother* Frances Courtney

6. *Mother's Maiden Name* Frances Martin

7. *Mother's Birthplace* Balt. Md.

8. *Full Name of Father* Wm. Courtney

9. *Father's Occupation* Horse Shoer

10. *Father's Birthplace* Hull England

Name of Medical Attendant, or other Person who makes this Return. W. H. Lacombe, M.D.

Address Balt & Mount Pl.

Remarks Dr. Lacombe

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Regulations of the Board of Health relating to Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10 1116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 22nd 1876
4. *Place of Birth (Street and Number)* No 9 Comet St
5. *Full Name of Mother* Mary Frances Stein
6. *Mother's Maiden Name* Mary Frances Stickman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Washington Stein Jr
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Fred Montgomery M D

Address 76. N. Eden St

Remarks The child appears very large & fairly developed for a premature

Mary

RETURN OF A BIRTH.

10447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 22/76

4. Place of Birth (Street and Number) 304 Hoffman St.

5. Full Name of Mother Annie

6. Mother's Maiden Name Hanson

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Joseph Matthews

9. Father's Occupation Porter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. W. T. Thompson M.D.

Address 141 Lockwood St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

101478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22nd 76
4. Place of Birth (Street and Number)	36 Neighbor St.
5. Full Name of Mother	Mary Snyder
6. Mother's Maiden Name	" Hallern
7. Mother's Birthplace	Ireland
8. Full Name of Father	Benjamin Snyder
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D
Address	166 Eager St.
Remarks	

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

101449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	22 March
4. Place of Birth (Street and Number)	95½ E Lombart St.
5. Full Name of Mother	Louise Kramer
6. Mother's Maiden Name	Backer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Kramer
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

101450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
22
1876
BALTIMORE

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~) 5 th

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* March 22nd 1.30 A.M.
4. *Place of Birth (Street and Number)* 109 S. Exeter St
5. *Full Name of Mother* Lizzie Currens
6. *Mother's Maiden Name* " Wagner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Currens
9. *Father's Occupation* Milk dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Gregg Sherburne M.D.

Address 117 E Baltimore St

Remarks

10451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 22nd " 1876.
4. Place of Birth (Street and Number)	50 N. Washington St.
5. Full Name of Mother	Kate Dwords
6. Mother's Maiden Name	Kate Thomas
7. Mother's Birthplace	Charles Co. Md.
8. Full Name of Father	Henry Dword
9. Father's Occupation	Longshoreman
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. Meanilee, Rockhold.
Address	Balt & Wash Sts.
Remarks	Internal C.

Earliest Registration of the Birth of any Child is the Most Important Evidence in Establishing the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

104552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th
4. Place of Birth (Street and Number)	Mahanite 162 W. Lombard
5. Full Name of Mother	Ellen White
6. Mother's Maiden Name	same
7. Mother's Birthplace	Dorchester County.
8. Full Name of Father	Jams Murphy.
9. Father's Occupation	Farmer.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	William Rades M. D. Res. Phy
Address	163 W Lombard St
Remarks	

RETURN OF A BIRTH.

1 10133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 22. March 1876

4. *Place of Birth* (Street and Number) Monument St

5. *Full Name of Mother* Aloysia Kolina

6. *Mother's Maiden Name* Aloysia Neubauer

7. *Mother's Birthplace* Nekolitz in Bohemia

8. *Full Name of Father* Albert Kohrna

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Nekomuk in Boh

Name of Medical Attendant, or other Person who makes this Return. Aloysius Keller

Address 151 E. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fees Record of Vital Statistics of the City of Baltimore

104511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 22.

4. Place of Birth (Street and Number) E. 18th St. 1st S. Balto

5. Full Name of Mother Catherine Riehl

6. Mother's Maiden Name Trauling

7. Mother's Birthplace Baltimore.

8. Full Name of Father Frank L. Riehl

9. Father's Occupation Mariner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avnue.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Race

3. Date of Birth 22 Sept. March

4. Place of Birth (Street and Number) East street, No 5.

5. Full Name of Mother Katherine Heister

6. Mother's Maiden Name Katherina Fich

7. Mother's Birthplace Kreis Marburg.

8. Full Name of Father Charles, Fürst

9. Father's Occupation Schumaker

10. Father's Birthplace Büdingen Hessen Darmstadt.

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberger

Address 379 west pratt

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	22nd March 1876
4. Place of Birth (Street and Number)	No 211 S Bethel alley
5. Full Name of Mother	Sarah Woodray
6. Mother's Maiden Name	" "
7. Mother's Birthplace	City
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	23rd March 1876
4. Place of Birth (Street and Number)	3 East 1 St.
5. Full Name of Mother	Celira Scarpino
6. Mother's Maiden Name	" Capelli
7. Mother's Birthplace	Italy.
8. Full Name of Father	Ferdinando Scarpino
9. Father's Occupation	Hair Cutter
10. Father's Birthplace	Italy.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Cooper
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

101458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 11

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd 1876
4. *Place of Birth (Street and Number)* 89 Chew St.
5. *Full Name of Mother* C. E. Harper
6. *Mother's Maiden Name* C. E. Hatton.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John. W. Harper.
9. *Father's Occupation* Billposter
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Weller

Address 125 N. Caroline St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BUREAU OF VITAL STATISTICS
MAR 30 1976
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* March 23rd 1876
4. *Place of Birth* (*Street and Number*) No 3 May St.
5. *Full Name of Mother* A. H. Waters
6. *Mother's Maiden Name* A. H. Johnson.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* B. A. Waters.
9. *Father's Occupation* Hacke Driver
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Miller

Address 126 N. Carline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 30 1976

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 field

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 of March 1876
4. *Place of Birth (Street and Number)* Lemon St Between Prat & Fridrich
5. *Full Name of Mother* Lica Kerner
6. *Mother's Maiden Name* Schrapfer
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* Bernard Kerner
9. *Father's Occupation* Sadler
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Annie Lindner.

Address No 45 Monut St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 24 March 1876
4. *Place of Birth (Street and Number)* Townsend & Division Streets
5. *Full Name of Mother* Margaret Malloy,
6. *Mother's Maiden Name* " Shea
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Malloy
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mortimer Brewer M.D

Address 701 N. Biddle St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 22. 1876
4. Place of Birth (Street and Number)	No 62 Patterson Pl
5. Full Name of Mother	Josephine Kunecker
6. Mother's Maiden Name	Josephine Wilcke
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Kunecker
9. Father's Occupation	Bar-Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. G. Wormuth M.D.
Address	No 203 W Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

101163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23d 1876
4. *Place of Birth (Street and Number)* Burgundy Alley betw. Cross & West Sts.
5. *Full Name of Mother* Margaret Rowden
6. *Mother's Maiden Name* M. Walton
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Rowden
9. *Father's Occupation* Oysterschucker
10. *Father's Birthplace* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Henry Salzer M.D.

Address 165 W. Lombard Ste.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23d 1876
4. Place of Birth (Street and Number)	31 Hope St.
5. Full Name of Mother	Sarah Ellen Bromahan
6. Mother's Maiden Name	Kinamen
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	C. F. Bromahan
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 23rd 1876
4. Place of Birth (Street and Number)	33 Johnson Street
5. Full Name of Mother	Rosine Schroeder
6. Mother's Maiden Name	" " " Märkel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Friedrich Schroeder
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23 March
4. Place of Birth (Street and Number)	83 Eastern Av.
5. Full Name of Mother	Margaretha Kellermann
6. Mother's Maiden Name	Kramsdoerfer
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustus Kellermann
9. Father's Occupation	Shoe-Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

Extract from Ordinance No. 1 of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	23 March
4. Place of Birth (Street and Number)	166 Central Av.
5. Full Name of Mother	Mary Teaspoon
6. Mother's Maiden Name	Hoyt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Teaspoon
9 Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gerbrant Stillen.
Address	131 E. Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

10465

MAR 27 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 23°
4. Place of Birth (Street and Number)	No 72 N. Paca St
5. Full Name of Mother	Rachel Whitehill
6. Mother's Maiden Name	Rachel Mendelbaum
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Israel Whitehill
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Teubliss
Address	148 Mulberry St
Remarks	Child-healthy

10469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March. 23rd
4. Place of Birth (Street and Number)	No 41 Waltmyer st.
5. Full Name of Mother	Mary O'Neale.
6. Mother's Maiden Name	Mary Campbell.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Hugh O'Neale
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Albert Stephens.
Address	No 30 N. Carroll [illegible]
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10470

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	23 March 1876
4. Place of Birth (Street and Number)	Chapel St 44
5. Full Name of Mother	Lavinia Kashik
6. Mother's Maiden Name	" Kubischek
7. Mother's Birthplace	Kouřim in Bohemia
8. Full Name of Father	Joseph Kashik
9. Father's Occupation	Sailor
10. Father's Birthplace	Colin in Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopecka
Address	69 N. Washington
Remarks	

10471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 23d of March
4. *Place of Birth (Street and Number)* Baltimor No 38 Orchard St
5. *Full Name of Mother* Mary Tilghman
6. *Mother's Maiden Name* Sims
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* George Tilghman
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Somerset Co

Name of Medical Attendant, or other Person who makes this Return. Mary A. Dorsey Midwife

Address No 83 Oxford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1111 79

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	~~the~~ March 23
4. Place of Birth (Street and Number)	253 S. Ann St
5. Full Name of Mother	Annie Hause
6. Mother's Maiden Name	" Gourth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Hause
9. Father's Occupation	Cooper
10. Father's Birthplace	Fredricksburg
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

RETURN OF A BIRTH.

10173

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 23rd 1876
4. Place of Birth (Street and Number)	No 171 North Eden St
5. Full Name of Mother	Alice McCabe
6. Mother's Maiden Name	Alice Deaven
7. Mother's Birthplace	Gallemore City
8. Full Name of Father	Jefferson McCabe
9. Father's Occupation	Mariner
10. Father's Birthplace	Gallemore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas R Evans M D
Address	No 18 Jackson Square
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 23rd 5 o'c P. M. 1876

4. *Place of Birth (Street and Number)* 57 S. Broadway

5. *Full Name of Mother* Laura V. Grape

6. *Mother's Maiden Name* Laura V. Horney

7. *Mother's Birthplace* Balto City

8. *Full Name of Father* Henry E. Leake

9. *Father's Occupation* Commission Merchant

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Donnelly M.D.

Address 299 E. Balto St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101475

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 23rd 1876
4. Place of Birth (Street and Number)	No 894 Alice Anna str
5. Full Name of Mother	Katherina Alterman
6. Mother's Maiden Name	" Bernhard
7. Mother's Birthplace	Germany
8. Full Name of Father	Marcus Alterman
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank str
Remarks	

RETURN OF A BIRTH.

1014-76

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th March 1876
4. Place of Birth (Street and Number)	19 E. Pratt Eldridge St.
5. Full Name of Mother	Maggie Neals
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Chas Neals
9. Father's Occupation	Calcimer-maker
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	42 E Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 24 March 1876

4. Place of Birth (Street and Number) Lemmon alley

5. Full Name of Mother Sarah Lemmon

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore

8. Full Name of Father ——

9. Father's Occupation ——

10. Father's Birthplace ——

Name of Medical Attendant, or other Person who makes this Return. Daniels

Address No 71 Church Street

Remarks Mother Child living Male

10178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 12
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	24th March 1870
4. Place of Birth (Street and Number)	292 Aisquith.
5. Full Name of Mother	Minnie Steinmiller
6. Mother's Maiden Name	Minnie Bisken
7. Mother's Birthplace	Germanie
8. Full Name of Father	Christian Steinmiller
9. Father's Occupation	Furniture
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline st.
Remarks	

Extract from the Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 24th 1876
4. *Place of Birth* (Street and Number)	Baltimore City No 269 S. Durham St
5. *Full Name of Mother*	Mary Ann Oliver
6. *Mother's Maiden Name*	Mary Ann Fitz
7. *Mother's Birthplace*	Somerset County Md
8. *Full Name of Father*	Frank Oliver Sr
9. *Father's Occupation*	Rigger
10. *Father's Birthplace*	Nantes France
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Brendel
Address	No 208 South Bond St
Remarks	The child at Present is doing Excel

Extract from Regulations of the Board of Health of Baltimore City, relative to Registration of Births and Deaths in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 2 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 24th 1876
4. *Place of Birth (Street and Number)* No 184 S Register st
5. *Full Name of Mother* Emma Thomas
6. *Mother's Maiden Name* Schnell
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Thomas
9. *Father's Occupation* Tinner
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10451

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 13 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* a Colored Child
3. *Date of Birth* The 25th March
4. *Place of Birth (Street and Number)* No 208 Cross Street
5. *Full Name of Mother* Lucas Ann Read
6. *Mother's Maiden Name* Lucas Ann Harris
7. *Mother's Birthplace* Talbot County
8. *Full Name of Father* Tobias Read
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Isaiah Ann Spence

Address No 329 Hanburg Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th 1876
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th March
4. Place of Birth (Street and Number)	No 4 Harmonie Alley
5. Full Name of Mother	Margret Ehenoueth
6. Mother's Maiden Name	M. Eoburn
7. Mother's Birthplace	America
8. Full Name of Father	Benjain Ehenoueth
9. Father's Occupation	Brasier Labor
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	No 92 Albemarle st
Remarks	healthy

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101553

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTRAR'S OFFICE MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1151

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 24th of March 1876
4. *Place of Birth* (Street and Number) No 9 Linsin Street
5. *Full Name of Mother* Karline Dossinger
6. *Mother's Maiden Name* Karline Ulrich
7. *Mother's Birthplace* born in the City of Baltimore
8. *Full Name of Father* Henry Dossinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address No 59 Smallwood St. Balto.

Remarks

RETURN OF A BIRTH.

10115 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th 1876
4. Place of Birth (Street and Number)	S E Cor Caroline & Gay sts
5. Full Name of Mother	Elizabeth Pilsch
6. Mother's Maiden Name	Elizabeth Todmeads
7. Mother's Birthplace	London England
8. Full Name of Father	Jacob Pilsch
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10483

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 24. 1876.
4. Place of Birth (Street and Number)	178 Penn St
5. Full Name of Mother	Livinia Norris.
6. Mother's Maiden Name	Livinia Bohn
7. Mother's Birthplace	Frederic Co. Md.
8. Full Name of Father	G. W. Norris.
9 Father's Occupation	Merchant
10. Father's Birthplace	Frederic Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	W. P. Morgan M.D.
Address	175 Saratoga St.
Remarks	

No 64.

10456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ....

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 24. 1876
4. *Place of Birth (Street and Number)* St Lambert's Ho 307
5. *Full Name of Mother* Barbara Hartmann
6. *Mother's Maiden Name* Barbara Leinhäuser
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Hartmann
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Lampsack

Address Fifth Wards to 28

Remarks Mrs Temple

rect Record of Vital Statistics in the City of Baltimore.

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10487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 29 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 Harriet Alverta Nichols
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	24 March 20 1915
4. Place of Birth (Street and Number)	South Bethel No 15
5. Full Name of Mother	Margret A Nichols
6. Mother's Maiden Name	Margret A Dunnphilly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Father Joshuway Nichols
9. Father's Occupation	Labror
10. Father's Birthplace	Aunrundle
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Mondower
Address	D Junkins alley
Remarks	Between Baltimore and Lombard Streets

rect Record of Vital Statistics in the City of Baltimore.

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10488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 27 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 children

1. Sex (state whether Male or Female) last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth born the 24th of March 1876

4. Place of Birth (Street and Number) 119 South Washington st

5. Full Name of Mother Alas Seward

6. Mother's Maiden Name Alas Shuld

7. Mother's Birthplace Boltimore

8. Full Name of Father Charles W Shuld

9. Father's Occupation House carpenter

10. Father's Birthplace Boltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North chapel st pr John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health relative to Returns and Certificates of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10489

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 24
4. Place of Birth (Street and Number)	217 Alice Ann St
5. Full Name of Mother	Mary Schnell
6. Mother's Maiden Name	M... Richard
7. Mother's Birthplace	Würtenberg
8. Full Name of Father	Anton Schnell
9. Father's Occupation	Labor
10. Father's Birthplace	Würtenberg
Name of Medical Attendant, or other Person who makes this Return.	Reynd Heidlage
Address	No 289 S Bond St
Remarks	

Extract Regulations of the Board of Health relative to securing full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10490

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether *Male* or *Female*) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 24th March 1876

4. *Place of Birth* (Street and Number) 145 Montgomery

5. *Full Name of Mother* Agnes J ~~Matthews~~ Travers

6. *Mother's Maiden Name* Agnes J Matthews

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Alonzo Travers

9. *Father's Occupation* Mate of Steamboat

10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. J & W Webster M D

Address 57 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 24th 76
4. Place of Birth (Street and Number)	37 Chestnut St.
5. Full Name of Mother	Sarah Smith
6. Mother's Maiden Name	Sarah Selby
7. Mother's Birthplace	Maryland Balto
8. Full Name of Father	Thos Smith
9. Father's Occupation	Dray driver
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. D. Kinnamon M.D.
Address	73 E. Pratt St.
Remarks	

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10492

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24 1876
4. Place of Birth (Street and Number)	No 65 Crosby St
5. Full Name of Mother	Genebra Williamson
6. Mother's Maiden Name	Geneva Boteler
7. Mother's Birthplace	District Columbia
8. Full Name of Father	Geo. Williamson
9. Father's Occupation	Merchant
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stoble M D
Address	17 Warren Av
Remarks	

RETURN OF A BIRTH.

10193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 2d March 1876 at Port Covington Ward
4. *Place of Birth* (Street and Number) Locust Point Covington Ward.
5. *Full Name of Mother* Catharine
6. *Mother's Maiden Name* Catharine Greabel.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Georg Greabel.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Margaret Erdel.

Address

Remarks Locust Point Covington Ward

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

104911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th
4. Place of Birth (Street and Number)	56 Front st
5. Full Name of Mother	Ann.
6. Mother's Maiden Name	Mc Quid
7. Mother's Birthplace	New York City
8. Full Name of Father	Edward Arthurs
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	G. F. Boyer M.D.
Address	134 N. High
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Mar. 25th 1876.

4. *Place of Birth (Street and Number)* 28 N. Gilmore St.

5. *Full Name of Mother* Alice Wilson

6. *Mother's Maiden Name* Biggs.

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Sant. E. Wilson

9. *Father's Occupation* Book Keeper,

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. H. K. Fetterhoff M.D.

Address 77 Lexington St.

Remarks

10496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 March
4. *Place of Birth (Street and Number)* No 27 Wolff Street
5. *Full Name of Mother* Ara Hemna.
6. *Mother's Maiden Name* Ackhorn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georgl Hemna
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th 1876
4. Place of Birth (Street and Number)	No 42 Jackson st
5. Full Name of Mother	Sarah Kiehl
6. Mother's Maiden Name	Sarah Kelso
7. Mother's Birthplace	Ellicotts Mills Howard County Md
8. Full Name of Father	George W. Kiehl
9. Father's Occupation	Stone Mason
10. Father's Birthplace	Baltimore City Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas F. Evans M. D
Address	No 18 Jackson Square
Remarks	Bach. M. D

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sevth
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	March 25th 1876
4. Place of Birth (Street and Number)	No 236 N Caroline st Balto Md
5. Full Name of Mother	Caroline J Sprantlin
6. Mother's Maiden Name	" Heuszmann
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John J Sprantlin
9. Father's Occupation	Vet. Surgeon.
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Knight M D
Address	No 121 E. Balto city Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10499

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether Male or Female)* male.
2. *Race or Color (if not of the white race)* Whit.
3. *Date of Birth* 25 March, 1876.
4. *Place of Birth (Street and Number)* 64 Eden st
5. *Full Name of Mother* Rosina Deil
6. *Mother's Maiden Name* Rosina Sigmund
7. *Mother's Birthplace* Hidenberg.
8. *Full Name of Father* John H. Deil.
9. *Father's Occupation* Restorent
10. *Father's Birthplace* Germ state.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosy Ulbrig

Address 44 Holland st Balto City.

Remarks

Return of Births to the Office of Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 1 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 23d March 1875

4. Place of Birth (Street and Number) 195 Loudon St

5. Full Name of Mother Annie Tillman

6. Mother's Maiden Name Lancaster

7. Mother's Birthplace U. States of America

8. Full Name of Father Henry Tillman

9. Father's Occupation Medical Student

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract from the Ordinances and Regulations of the Board of Health relating to Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10301

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1878

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 23d March 1878
4. *Place of Birth* (*Street and Number*) 71 Biddle
5. *Full Name of Mother* Henrietta Agnes
6. *Mother's Maiden Name* Mary
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Kepnian
9. *Father's Occupation* Lieutenant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Robt. Carper

Address 52 E Lanvale St.

Remarks

10502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Light brown skin
3. Date of Birth	Saturday March 25 1876
4. Place of Birth (Street and Number)	No 127 Baltic Street
5. Full Name of Mother	Sarah Shildes
6. Mother's Maiden Name	Sarah Rogers
7. Mother's Birthplace	Hampton Virginnia
8. Full Name of Father	John Shields.
9. Father's Occupation	Waiter
10. Father's Birthplace	York County Virginnia
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	No 42 Little Sharp street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
MAR 29 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th 1876
4. Place of Birth (Street and Number)	Maternite 163 W. Lombard St.
5. Full Name of Mother	Hattie Hendricks
6. Mother's Maiden Name	Jane
7. Mother's Birthplace	Harford County Md
8. Full Name of Father	Thomas Smith
9. Father's Occupation	Farmer.
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	William Rodes. M. D. Res Phys
Address	Maternite 163 W. Lombard St.
Remarks	William Rodes M.D

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ecord of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th 1876
4. Place of Birth (Street and Number)	Maternite 163 W Lombard st.
5. Full Name of Mother	Mary Moffitt
6. Mother's Maiden Name	Same.
7. Mother's Birthplace	[illegible]
8. Full Name of Father	[illegible]
9. Father's Occupation	[illegible]
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	William Ruder M.D Resd
Address	163 W Lombard st.
Remarks	

10503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9 3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* march 2d
4. *Place of Birth* (Street and Number) Sylmedia 2 Sec Chamburgh cross st
5. *Full Name of Mother* Alice Borden
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastville Northampton Co Va
8. *Full Name of Father* George Joyce
9. *Father's Occupation* Driver
10. *Father's Birthplace* Eastville North ampton Co Va

Name of Medical Attendant, or other Person who makes this Return. Ameaca Robinson

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23rd 1876
4. Place of Birth (Street and Number)	Baltimore Md. Henry bet Pratt
5. Full Name of Mother	Mary Cane
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Cane
9. Father's Occupation	Boiler-maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm C. Mitchell
Address	No 58 Parkin st
Remarks	

Extract from Regulations of the Board of Health relative to Returns of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 25th of march

4. *Place of Birth (Street and Number)* 221 Henrietta st. City

5. *Full Name of Mother* Mary Lauffer

6. *Mother's Maiden Name* Mary Engberger

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Frank Lauffer

9. *Father's Occupation* Machinist

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Steuer

Remarks No 192 Leidenhall Street

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Return Record of Vital Statistics

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

10508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* March 25 1876
4. *Place of Birth (Street and Number)* 141 Loh St
5. *Full Name of Mother* Lettie Mitchell
6. *Mother's Maiden Name* Lettie Corbish
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm W Mitchell
9. *Father's Occupation* Waiter at La Tour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Hall

Address Margaret Spring & Hollins St

Remarks

10509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 25th 1876
4. *Place of Birth* (Street and Number) 108 Sterling St
5. *Full Name of Mother* Margaret Conroy
6. *Mother's Maiden Name* Lipke
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Conroy
9. *Father's Occupation* Baker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula V. Chrisman

Address 129 E. Monument St

Remarks

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rect Record of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10310

HEALTH DEPARTMENT
MAR
30
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Rules in the Office of Registrar of Vital Statistics of the Board of Health.

o. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

Sex (state whether Male or Female)

ce or Color (if not of the white race) African

te of Birth March 25 1876

ace of Birth (Street and Number) 10 Marian St

ull Name of Mother Emily Boston

Mother's Maiden Name Emily Harris

Mother's Birthplace Annapolis

Full Name of Father Thos H Boston

. Father's Occupation Waiter

. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. A Tinsley Jr M.D.

Address 454. N. Caroline St

Remarks City

10511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 25 1876
4. *Place of Birth* (Street and Number) No 15 Church St
5. *Full Name of Mother* M Catharine Hunt
6. *Mother's Maiden Name* " " Meegan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John A. Hunt
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Ireland —

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 129 E. Monument St

Remarks

Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
APR
1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 25th 1876
4. *Place of Birth (Street and Number)* No 493 Canton Ave.
5. *Full Name of Mother* Katherina Haas
6. *Mother's Maiden Name* " Krug
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Martin Haas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address no Bank St.

Remarks

Extract Regulations of the Board of Health relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 25 1876.
4. *Place of Birth (Street and Number)* 116 Church Alley
5. *Full Name of Mother* Nina Cuckam
6. *Mother's Maiden Name* Nina Jackson
7. *Mother's Birthplace* Somerset county
8. *Full Name of Father* James Jackson
9. *Father's Occupation* Waiter by
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address Maria Potter

Remarks residence 111 Hughes Alley

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

105114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	black
3. Date of Birth	March 25 1876
4. Place of Birth (Street and Number)	158 Hughes Street
5. Full Name of Mother	rebecca hamish
6. Mother's Maiden Name	rebecca Nelson
7. Mother's Birthplace	talbot County
8. Full Name of Father	Jacob Wilson
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter
Address	Midwife
Remarks	resides 151 Hughes Stat

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 23rd March 1876
4. *Place of Birth* (Street and Number) 845 Orleans St.
5. *Full Name of Mother* Wm. Hahn Schupp
6. *Mother's Maiden Name* Wm. Schupp. Hahn,
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Schupp.
9. *Father's Occupation* Tailor,
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 125 N. Caroline

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10516

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 10 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 25th 1876
4. Place of Birth (Street and Number)	18 Shroeder Street
5. Full Name of Mother	Josephine Hauck
6. Mother's Maiden Name	" " " Giesir
7. Mother's Birthplace	Germany
8. Full Name of Father	Rudolph Hauck
9. Father's Occupation	Cigar Macker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Katharina Seebach
Address	439 W Pratt Street
Remarks	

Extract Regulations of the Board of Health relating to Registration of Births, &c.

Duty to make Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10517

RETURN OF A BIRTH.

MAR 30 1876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 30th March 1876

4. Place of Birth (Street and Number) Cor Eden & Aisquith Sts

5. Full Name of Mother Christiana Pfeiffel

6. Mother's Maiden Name Do

7. Mother's Birthplace Germany

8. Full Name of Father John Pfeiffel

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas R Rudolph

Address 84 N Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 26 March
4. *Place of Birth (Street and Number)* Nine St No 201.
5. *Full Name of Mother* Elizabeth Stewart
6. *Mother's Maiden Name* Elizabeth Blackstone
7. *Mother's Birthplace* Accomac County
8. *Full Name of Father* Richard Stewart
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return. Charlote Warren

Address 258 Raborg St

Remarks

Extract from Regulations of the Board of Health in relation to the Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics to be secured by Law.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th
4. Place of Birth (Street and Number)	209 N. Caroline
5. Full Name of Mother	Catherine Cross
6. Mother's Maiden Name	Starr
7. Mother's Birthplace	Balt. City
8. Full Name of Father	John Cross
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. City.
Name of Medical Attendant, or other Person who makes this Return.	S. F. Coyner M.D.
Address	134 N. Wight st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 26 march 1876
4. *Place of Birth* (Street and Number) 222 gough st
5. *Full Name of Mother* amelia jane brown
6. *Mother's Maiden Name* amelia jane spur
7. *Mother's Birthplace* london engeland
8. *Full Name of Father* peter brown
9. *Father's Occupation* ranger
10. *Father's Birthplace* holand

Name of Medical Attendant, or other Person who makes this Return. mary ~~brown~~ conner

Address 158 choptand st

Remarks

10321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 1916 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	first
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	March 20th 1916
4. Place of Birth (*Street and Number*)	No 243 Jefferson St.
5. Full Name of Mother	Annie M. Pinder
6. Mother's Maiden Name	Annie M. Quile
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Valentine M Pinder
9. Father's Occupation	
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Bull
Address	No 269 Monument N. Cor. Central Avenue Bale.
Remarks	Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10-3-22

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 March 1876
4. Place of Birth (Street and Number)	147 E Madison St
5. Full Name of Mother	Dena F Leischer
6. Mother's Maiden Name	Buchal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Paul Buchal
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Geelyke
Address	65 South Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 01 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	26 of March 1876
4. Place of Birth (Street and Number)	144 N. Sharp St.
5. Full Name of Mother	Sarah West
6. Mother's Maiden Name	Sarah Grass
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas West
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ellen Stultz
Address	42 N. Sharp St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
1916
BAL MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	26 March
4. Place of Birth (Street and Number)	#176 Dover st bet Pratt & Lee
5. Full Name of Mother	Irene Palmer
6. Mother's Maiden Name	"
7. Mother's Birthplace	Easton Shore Virginia
8. Full Name of Father	unknown
9. Father's Occupation	unknown
10. Father's Birthplace	unknown
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	#184 St Eutaw st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

105225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. Child

1. *Sex* (state whether Male ~~or Female~~) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 26th 1876

4. *Place of Birth* (Street and Number) S. Central Av. No. 78

5. *Full Name of Mother* Katharina Frautwein

6. *Mother's Maiden Name* Katharina Spring

7. *Mother's Birthplace* Mannheim Gr. Baden. Germany

8. *Full Name of Father* Jakob Frautwein

9. *Father's Occupation* Cabinet maker

10. *Father's Birthplace* Heidesheim Gr. Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Henry E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10526

MAR 31 1876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~Caucasian~~
3. Date of Birth	March 26th 1876
4. Place of Birth (Street and Number)	151 W. Lombard St.
5. Full Name of Mother	Catherine Brofs
6. Mother's Maiden Name	Catherine Kraft
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Brofs
9. Father's Occupation	Lithographer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Wannebriger
Address	23 N Liberty St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

105217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fifth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 26th
4. Place of Birth (Street and Number)	No 365 N. Durham st
5. Full Name of Mother	Margaret Ann Jones
6. Mother's Maiden Name	McFadden
7. Mother's Birthplace	Balto City
8. Full Name of Father	William Jones
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto County Md.
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kluber M.D.
Address	222 N. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26th, 1876
4. *Place of Birth (Street and Number)* Baltimore, No. 36 N. Bond Street
5. *Full Name of Mother* Sarah Jane Smith
6. *Mother's Maiden Name* Sarah Jane Foy
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Francis Smith
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Louisa B. Cross,

Address 45 Jackson st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 26 1876
4. *Place of Birth* (Street and Number)	87 S. Bond
5. *Full Name of Mother*	Margaret Klepper
6. *Mother's Maiden Name*	Maggaret Miller
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charles F Klepper
9. *Father's Occupation*	Furniture Store
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram W Arnold MD
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 26 of March 1876

4. Place of Birth (Street and Number) Balt No 173 Tyson St

5. Full Name of Mother Annie M Ritter

6. Mother's Maiden Name Palmer

7. Mother's Birthplace Talbot Co Eastern Shore

8. Full Name of Father Thomas Ritter

9. Father's Occupation Barber

10. Father's Birthplace Cambridge Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10531.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26 1876
4. *Place of Birth (Street and Number)* No. 10 Hillen st
5. *Full Name of Mother* Mary Catherine
6. *Mother's Maiden Name* Mary Williams
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Katherine
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Hagan

Address No 181 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	born the 2 of March 1874
4. Place of Birth (Street and Number)	90 North Washington st
5. Full Name of Mother	Kate Brozmann
6. Mother's Maiden Name	Kate Zoelinger
7. Mother's Birthplace	Germany
8. Full Name of Father	Nick Zelinger
9. Father's Occupation	Labor man
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 North chapel st for John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.70

10533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 26. 1876
4. Place of Birth (Street and Number)	93 Pratt st n 93.
5. Full Name of Mother	Catharina Bartel
6. Mother's Maiden Name	Catharine Frack
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Bartel
9. Father's Occupation	Retscher in Gervers's
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Johannes Baumgarth
Address	South Wolf st n 28
Remarks	Unvaccinated

U. 71.

105314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 24. 1876
4. *Place of Birth (Street and Number)* 1st Lombard ste n 963.
5. *Full Name of Mother* Elizabeth Schmidt
6. *Mother's Maiden Name* Elizabeth Tack
7. *Mother's Birthplace* Pfaffenhofen Bavaria
8. *Full Name of Father* Sebastian Schmidt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Pfaffenhofen Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mr Johannes Baumann

Address South Wolfe ste n 28

Remarks Mid Wife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 26-'76.
4. Place of Birth (Street and Number)	342 N. Broadway.
5. Full Name of Mother	Mary Elizabeth Parkinson.
6. Mother's Maiden Name	Hynson.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Jos. B. Parkinson.
9. Father's Occupation	Coal Dealer.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight-M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26. 1876
4. Place of Birth (Street and Number)	75 S. High St.
5. Full Name of Mother	Elizabeth Sinclair
6. Mother's Maiden Name	Elizabeth Pew.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Cyrus Sinclair.
9. Father's Occupation	Messenger.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jn°. F. Powell. M.D.
Address	72 E. Pratt St.
Remarks.	Child Healthy and vigorous— The Father now deceased, was formerly Messenger to the Mayor.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 29th 1876.

RECEIVED
MAR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 26th 1876.
4. *Place of Birth* (Street and Number) No 268 Alice ana St.
5. *Full Name of Mother* Francy Giesel.
6. *Mother's Maiden Name* Francy Schnengel.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Giesel.
9. *Father's Occupation* Watchmaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold.

Address No 137 S Wolfe St.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 27 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar. 26th 76
4. Place of Birth (Street and Number)	136 Harford Ave.
5. Full Name of Mother	Annie Bradley
6. Mother's Maiden Name	" McCarran
7. Mother's Birthplace	Balto. City Md.
8. Full Name of Father	John Bradley
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto. City Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M. D.
Address	166 E. Eager St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd. child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 76
4. Place of Birth (Street and Number)	62 Hillman St.
5. Full Name of Mother	Mary Orman
6. Mother's Maiden Name	Hannah Highland
7. Mother's Birthplace	Ireland
8. Full Name of Father	David Orman
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno Brooke Boyle M.D.
Address	166 Eager St.
Remarks	

Earnest Requisitions of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10310

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 26th 1876

4. Place of Birth (Street and Number) Bank St.

5. Full Name of Mother Margaret Ann Spencer

6. Mother's Maiden Name " " Lamboline

7. Mother's Birthplace Baltimore

8. Full Name of Father George W. Spencer

9. Father's Occupation Weighmaster

10. Father's Birthplace Baltimore,

Name of Medical Attendant, or other Person who makes this Return. James E. Shaw M.D.

Address 267 Eastern Ave,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

105 41

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d~~, 3d, &c.*)	
1. Sex (*state whether Male ~~or Female~~*)	
2. Race or Color (*if not of the white race*)	
3. Date of Birth	March 26th 76
4. Place of Birth (*Street and Number*)	874 Pratt st
5. Full Name of Mother	Mary Frances McKearney
6. Mother's Maiden Name	" " Howe
7. Mother's Birthplace	Balt City
8. Full Name of Father	Francis William McKearney
9. Father's Occupation	Farmer
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Dare
Address	91 Frederick Avenue
Remarks	Natural

HEALTH DEPARTMENT APR 3 1876 BALTIMORE MD.

Apr. 2 a.m. Mail

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of ~~birth, sex,~~ and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
3
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 26 1876
4. *Place of Birth (Street and Number)* 22 Eutaw Court
5. *Full Name of Mother* Susan Henderson
6. *Mother's Maiden Name* Susan Hayward
7. *Mother's Birthplace* Easton Shore
8. *Full Name of Father* Henry Henderson
9. *Father's Occupation* Waiter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 55 Orchard Street.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1878
4. Place of Birth (Street and Number)	123 ~~Eutaw~~ ~~H~~ 1122 Bethel st
5. Full Name of Mother	~~H. Walter~~ Th. McIntosh
6. Mother's Maiden Name	H. Walter.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Th McIntosh
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	126 N. Caroline st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

105111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th /76
4. Place of Birth (Street and Number)	215 Constitution St. Near Chas
5. Full Name of Mother	Ellen Dallas Hoffner
6. Mother's Maiden Name	" Potter
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John R Hoffner.
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula L. Christmer
Address	129 E. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

105345

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 30 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 26th 1876
4. *Place of Birth (Street and Number)* Hannover. Street near Linx Garden.
5. *Full Name of Mother* Dorothea Neuman
6. *Mother's Maiden Name* Dorothea Schmidt
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Caspar Neuman
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns.

Address 114 Bolley Str.

Remarks

RETURN OF A BIRTH.

10516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
MAR
30
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Born Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 26 March

4. Place of Birth (Street and Number) Sinai Hosp 1111

5. Full Name of Mother Laura Downey

6. Mother's Maiden Name Laura Mooney

7. Mother's Birthplace Virginia

8. Full Name of Father Harold Downey

9. Father's Occupation Cook Waiter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. Wolf

Address 1111 Belvedere Ave

Remarks Mother Colored

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

No. 10547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1876
4. Place of Birth (Street and Number)	29 Patterson Avenue
5. Full Name of Mother	Mary L. Groves
6. Mother's Maiden Name	Mary L. Webb
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Groves
9. Father's Occupation	Stove Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas Truett M.D.
Address	93 Hanover St
Remarks	

RETURN OF A BIRTH.

10545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 5 1870

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colo

3. Date of Birth March 29th

4. Place of Birth (Street and Number) 46 St Mary's St

5. Full Name of Mother Sarah.

6. Mother's Maiden Name Berry

7. Mother's Birthplace Caroline Co. Md.

8. Full Name of Father Charles Morton

9. Father's Occupation Waiter

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner M.D.

Address 134 N. Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10549

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
APR
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27 1875
4. Place of Birth (Street and Number)	372 W. Henry
5. Full Name of Mother	Matilda Malone
6. Mother's Maiden Name	Eccles
7. Mother's Birthplace	Balto
8. Full Name of Father	Wm Malone
9. Father's Occupation	Plasterer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	W. F. Kemp M.D.
Address	372 W. Henry
Remarks	

Extract from Regulations of the Board of Health, relative to securing a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11530

APR 1 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 27th 1876
4. *Place of Birth* (Street and Number)	No 278 E. Monument St.
5. *Full Name of Mother*	Mary E. Carroll.
6. *Mother's Maiden Name*	Mary E. Randall.
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Edward F. Carroll.
9. *Father's Occupation*	Bleacher. Press. Phoenix Bleachery
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. A. Bull.
Address	No. 209 Monument St. Cor Central Av. Balto. Md.
Remarks	All Well.

10331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* mar 21
4. *Place of Birth* (Street and Number) 45 sulican st
5. *Full Name of Mother* Sophia colbert
6. *Mother's Maiden Name* Sophia gwilans
7. *Mother's Birthplace* anarundl co md
8. *Full Name of Father* henry colbert
9. *Father's Occupation* labor
10. *Father's Birthplace* anarundl co md

Name of Medical Attendant, or other Person who makes this Return. mrs cook fatherson

Address no 22 short st

Remarks healthy child

Extract from Regulations of the Board of Health, in relation to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27 1876
4. Place of Birth (Street and Number)	143 N Gay
5. Full Name of Mother	Emily Wolf
6. Mother's Maiden Name	Emily Meyer
7. Mother's Birthplace	Maryland
8. Full Name of Father	Lee Wolf
9. Father's Occupation	Ammunition Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Abram B Arnold M D
Address	
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colered

3. Date of Birth 27th of March 1876

4. Place of Birth (Street and Number) Balt No 41 Oxford

5. Full Name of Mother Susan Booker

6. Mother's Maiden Name Sims

7. Mother's Birthplace Baltimore md

8. Full Name of Father Nathan Booker

9. Father's Occupation Shoe Maker

10. Father's Birthplace Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

RETURN OF A BIRTH.

10331

HEALTH DEPARTMENT MAR 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 27th 1876

4. Place of Birth (Street and Number) No 111 S Shapel St

5. Full Name of Mother Mary Kate Skinner

6. Mother's Maiden Name Mc K. Wingate

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George Bunick Skinner

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Penlin K. M. Trimble M.D.

Address No 203 N. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 March
4. Place of Birth (Street and Number)	29 Charles
5. Full Name of Mother	Mary Schreivogel
6. Mother's Maiden Name	Mason
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Schreivogel
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Rust
Address	32 South Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 28th 1876.

MAR 29 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27th 1876.
4. *Place of Birth (Street and Number)* No 232 Canton Ave.
5. *Full Name of Mother* Josephine ~~Salm~~ Balster.
6. *Mother's Maiden Name* Josephine ~~Balster~~ Salm
7. *Mother's Birthplace* America.
8. *Full Name of Father* William Balster.
9. *Father's Occupation* Sailor.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No 137. S Wolfe

Remarks ———

10357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. Sex (state whether Male ~~or Female~~) .....

2. Race or Color (~~if not of the white race~~) .....

3. Date of Birth March 27 1876

4. Place of Birth (Street and Number) No 26 Marrson Ally

5. Full Name of Mother Libell Goodman

6. Mother's Maiden Name Libell Cooper

7. Mother's Birthplace Baltimore City

8. Full Name of Father Lewis H Goodman

9. Father's Occupation Waters

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. F W Brune M d

Address No 23 Bath St

Remarks .....

.....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 27th 1876
4. Place of Birth (Street and Number)	No 25 Shakespear st
5. Full Name of Mother	Eliza Leweuen
6. Mother's Maiden Name	" Leifort
7. Mother's Birthplace	City
8. Full Name of Father	August Leweuen
9. Father's Occupation	Briklayer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8. Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27. March
4. *Place of Birth (Street and Number)* No. 40 N. Fremont street
5. *Full Name of Mother* Annie Maria Sperlein
6. *Mother's Maiden Name* " " Finstein
7. *Mother's Birthplace* Kaunheim Bavaria
8. *Full Name of Father* Georg Sperlein
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Kleinbuchfeld Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Lindner

Address No. 45 S. Monroe street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 27th 1876
4. *Place of Birth* (Street and Number) 182 Forrest St
5. *Full Name of Mother* Elizabeth Sullivan
6. *Mother's Maiden Name* M'Allister
7. *Mother's Birthplace* Belfast Ireland
8. *Full Name of Father* Paul O Sullivan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County ~~Clare~~ Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F Shroeder

Address 129 E Monument St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

10561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 27th 1876.
4. *Place of Birth (Street and Number)* Battery Av. No 233.
5. *Full Name of Mother* Frederika Kirchner
6. *Mother's Maiden Name* Frederika Kull.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Henry Kirchner
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Bruns.

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

10562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1876
4. Place of Birth (Street and Number)	121 Durham St
5. Full Name of Mother	Catharine Stoffell
6. Mother's Maiden Name	McGuiney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Stoffell
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula D Chrisemer
Address	129 E Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11363

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colaid
3. *Date of Birth* 25 March
4. *Place of Birth* (Street and Number) 31 East Street
5. *Full Name of Mother* Matilda Ann dent
6. *Mother's Maiden Name* ~~Ft Marys County~~
7. *Mother's Birthplace* St Marys County
8. *Full Name of Father* Philip Edgar Medley
9. *Father's Occupation* farmer
10. *Father's Birthplace* Charles County

Name of Medical Attendant, or other Person who makes this Return. Sophia Hines

Address 135 Chestnut Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

10561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 28th 1875
4. *Place of Birth (Street and Number)* No - Forest St. near Fayette
5. *Full Name of Mother* Martha Deitz.
6. *Mother's Maiden Name* Martha Miller.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles Deitz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Bull.

Address No 209. Monument St. Con Central Ave Balto. Md

Remarks Both Well

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 2d

4. *Place of Birth* (Street and Number) 206 Chestnut St

5. *Full Name of Mother* Sara M. Hinton

6. *Mother's Maiden Name* " "

7. *Mother's Birthplace* Birmingham England

8. *Full Name of Father* Thomas Hinton

9. *Father's Occupation* Brass Moulder

10. *Father's Birthplace* Birmingham England

Name of Medical Attendant, or other Person who makes this Return. E. C. Jordan M.D.

Address 132 N. High St

Remarks City

10566

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) /

3. *Date of Birth* March 28 1876

4. *Place of Birth* (Street and Number) 28 Green Street

5. *Full Name of Mother* Mary Theodosia

6. *Mother's Maiden Name* Boswell

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Henry Theodosia

9. *Father's Occupation* Collector

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Henry Theodosia

Address 28 Green Street

Remarks /

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is 2

1. *Sex (state whether Male or Female)* Femail child
2. *Race or Color (if not of the white race)* Darke
3. *Date of Birth* March 28
4. *Place of Birth (Street and Number)* 14 north Spring St
5. *Full Name of Mother* mittie askins
6. *Mother's Maiden Name* /
7. *Mother's Birthplace* /
8. *Full Name of Father* James. askins
9. *Father's Occupation* labor
10. *Father's Birthplace* /

Name of Medical Attendant, or other Person who makes this Return. Alice Chaplin M white

Address no 5 saith Dallas Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1876
4. Place of Birth (Street and Number)	No 105 Sommerset St.
5. Full Name of Mother	Mary Clara Keller
6. Mother's Maiden Name	Mary Clara Zimmerman
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo. August Keller
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bell.
Address	No 209 Monument St E. Central Ave Balto. Md
Remarks	Well.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* March 2nd 1876
4. *Place of Birth (Street and Number)* No. 45 Etc Front
5. *Full Name of Mother* Emma Nurse
6. *Mother's Maiden Name* Emma Kraetzer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Lester Nurse
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Thos. H. Magness

Address No 45 E Front

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 28 th 1876
4. Place of Birth (Street and Number)	№ 142 Fort av.
5. Full Name of Mother	Agnes Wigand
6. Mother's Maiden Name	Müller
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Wigand
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lahrodser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.72

10571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 28. 1876
4. *Place of Birth (Street and Number)* Nord Wolfst no 97.
5. *Full Name of Mother* Christine Busch
6. *Mother's Maiden Name* Christine Meier
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georg Busch
9. *Father's Occupation* Padrett
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Johannes Bumpus

Address South Wolfst no 28

Remarks Midwife

Board of Registration of Births to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	~~44 Penn St~~ March 28, 1876,
4. Place of Birth (Street and Number)	44 Penn St.
5. Full Name of Mother	Catherine Roach
6. Mother's Maiden Name	Catherine McCarthy
7. Mother's Birthplace	Massachusetts.
8. Full Name of Father	William W. Roach,
9. Father's Occupation	Plasterer,
10. Father's Birthplace	Virginia;
Name of Medical Attendant, or other Person who makes this Return.	W. P. Morgan M.D.
Address	175 Saratoga
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 1876.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 28th 1876.
4. *Place of Birth (Street and Number)* No 158 Chesapeake St.
5. *Full Name of Mother* Katie Kirschermeister.
6. *Mother's Maiden Name* Katie Kirschner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Kirschermeister.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A. Arnold.

Address No 137 & Wolfe St.

Remarks ———

10574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* March 28
4. *Place of Birth* (Street and Number) peach Alley 38
5. *Full Name of Mother* Helen Hay Wood
6. *Mother's Maiden Name*
7. *Mother's Birthplace* glorcar Bonty Forpinyer
8. *Full Name of Father* William Debenport
9. *Father's Occupation* fish man
10. *Father's Birthplace* glorcar Bonty Forpinyer

Name of Medical Attendant, or other Person who makes this Return. Lineaker Robinson

Address

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 28th 1876
4. Place of Birth (Street and Number)	29 Brune st
5. Full Name of Mother	Mary Melvina Little
6. Mother's Maiden Name	" Schaaf
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	David Little
9. Father's Occupation	Huckster
10. Father's Birthplace	Carroll County Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Gibbons M.D.
Address	47 Edmondson av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~× 331 E. Eager~~
4. Place of Birth (Street and Number)	March 28. 76
5. Full Name of Mother	Emma Louisa Wilhelm
6. Mother's Maiden Name	" " Morris
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Charles Theodore Wilhelm
9. Father's Occupation	Painter
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	× 305 N Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 5 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh (11)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1876
4. Place of Birth (Street and Number)	# 29 O'Donnell St
5. Full Name of Mother	Charlotte Jabb
6. Mother's Maiden Name	Charlotte Hubbard
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Jabb
9. Father's Occupation	Fisherman
10. Father's Birthplace	Talbot County
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Aliceanna St
Remarks	

10578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 28. 1876
4. Place of Birth (Street and Number)	153 N. Paca
5. Full Name of Mother	Mary Joseph Slatkey
6. Mother's Maiden Name	" " Butler
7. Mother's Birthplace	Balt. city
8. Full Name of Father	Francis Slatkey
9. Father's Occupation	
10. Father's Birthplace	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D
Address	201 N Eutaw St.
Remarks	

APR 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 25 1890
4. *Place of Birth (Street and Number)* 12 neff Street
5. *Full Name of Mother* Sadonia Coal
6. *Mother's Maiden Name* Sadonia Chase
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Coal
9. *Father's Occupation* Waiter
10. *Father's Birthplace* St Mary County

Name of Medical Attendant, or other Person who makes this Return. Herbert Bodley Doctress

Address 87 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of Duty, Fifty Dollars. See Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 25 1876
4. *Place of Birth (Street and Number)* no 2 Bl 9 Thomas Court
5. *Full Name of Mother* Lucy Webb
6. *Mother's Maiden Name* Lucy Gray
7. *Mother's Birthplace* Portsmouth Virginia
8. *Full Name of Father* Isaiah Webb
9. *Father's Occupation* Fuling Waiter
10. *Father's Birthplace* Norfork Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctress

Address No 15 orchard Street

Remarks

10581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colod
3. *Date of Birth* March 25 1876
4. *Place of Birth (Street and Number)* No 6 Hudson court
5. *Full Name of Mother* Caroline Smith
6. *Mother's Maiden Name* Caroline Jones
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George Jones
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Talbot county

Name of Medical Attendant, or other Person who makes this Return. Mary Potter

Address Midnight

Remarks No 111 Hughs street

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th March 1876
4. Place of Birth (Street and Number)	1828 S. Ann st.
5. Full Name of Mother	Bettie C. Hagar
6. Mother's Maiden Name	Bettie C. Smyther.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	J. E. Hagar
9. Father's Occupation	Dentist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties for Neglect of the Duties of this Act.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10558.2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. ***Sex*** (state whether Male or Female)	Male
2. ***Race or Color*** (if not of the white race)	White
3. ***Date of Birth***	March 29th
4. ***Place of Birth*** (Street and Number)	Block No 70
5. ***Full Name of Mother***	Mary Hearns
6. ***Mother's Maiden Name***	Mary Walsh
7. ***Mother's Birthplace***	Clonmel Ireland
8. ***Full Name of Father***	James Hearns
9. ***Father's Occupation***	Policeman
10. ***Father's Birthplace***	Copenhagen Denmark
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 208 South Bond St
Remarks	

RETURN OF A BIRTH.

10511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1876
4. *Place of Birth (Street and Number)* N 56 Courtland St
5. *Full Name of Mother* Lizzie Green Kirkland
6. *Mother's Maiden Name* Lizzie Green
7. *Mother's Birthplace* Concord. Delaware
8. *Full Name of Father* Ogden A. Kirkland
9. *Father's Occupation* Auctioneer & Commission Merchant
10. *Father's Birthplace* Huntington Massachusetts

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 116 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29th of March.
4. *Place of Birth (Street and Number)* No 91 Oak St.
5. *Full Name of Mother* Mary Ann Boone.
6. *Mother's Maiden Name* Lloyd.
7. *Mother's Birthplace* Virginia.
8. *Full Name of Father* Mathew Boone.
9. *Father's Occupation* Moulder.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1876
4. Place of Birth (Street and Number)	299 Eastern St Baltimore Md
5. Full Name of Mother	Alice Summers
6. Mother's Maiden Name	Alice Higgins
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Summers
9. Father's Occupation	Fisherman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs M A Richmond
Address	183 Lee St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10557

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March The 29th 1876
4. Place of Birth (Street and Number)	78 Somerset Street
5. Full Name of Mother	Anna Maria Nickol
6. Mother's Maiden Name	" " Schroeder
7. Mother's Birthplace	Germany
8. Full Name of Father	Moritz Nickol
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Meller
Address	165 Stirling Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* White Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 29, 1876
4. *Place of Birth (Street and Number)* 112 South Chester st.
5. *Full Name of Mother* Eliza Ann Townsend
6. *Mother's Maiden Name* E. An. Clendenin
7. *Mother's Birthplace* Delaware
8. *Full Name of Father* Francis M. Townsend
9. *Father's Occupation* Ships Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Chapplank st. Balt.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1876
4. *Place of Birth (Street and Number)* No 609 W. Fayette St
5. *Full Name of Mother* Celia Maynard Wilkins
6. *Mother's Maiden Name* A. M. Johnson
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles Henry Wilkins
9. *Father's Occupation* Harness Manufacturer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Hamblen M.D.

Address No 203 W. Lombard St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 March 1876.
4. *Place of Birth (Street and Number)* 93 East
5. *Full Name of Mother* Agusta Barger
6. *Mother's Maiden Name* Agusta Koch.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Barger.
9. *Father's Occupation* Basket maker.
10. *Father's Birthplace* Hanover.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Wing

Address 48 Holland St Balto City

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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10591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

APR 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 29th March 18 76

4. Place of Birth (Street and Number) 131 Holland St.

5. Full Name of Mother Minnie B. Bettner

6. Mother's Maiden Name " " Kane

7. Mother's Birthplace Maryland

8. Full Name of Father John Bettner

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Rural Chapin

Address 52 E Lanvale Balto MD

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
APR
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 29th March 1916

4. Place of Birth (Street and Number) 220 Carrollton Ave

5. Full Name of Mother Ellen Smith

6. Mother's Maiden Name Kreiner

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Joseph P. Smith

9. Father's Occupation Laborer

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 13 Belair Road

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10593

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29 1876
4. Place of Birth (Street and Number)	Baltimore Stricker St 271
5. Full Name of Mother	Alice V Thawley
6. Mother's Maiden Name	Alice V Brooks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert A Thawley
9. Father's Occupation	Brakesman
10. Father's Birthplace	Frederick C O
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fraburger
Address	766 West Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 29 of March 1876

4. Place of Birth (Street and Number) Baltimore No 5 More Alley

5. Full Name of Mother Delia Tiller

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Abram Tiller

9. Father's Occupation Farm Hand

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

10595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	29 March 1876
4. Place of Birth (Street and Number)	Chapelier s'8
5. Full Name of Mother	Catharina Morawec
6. Mother's Maiden Name	Catharine Kuba
7. Mother's Birthplace	Kolin in Bohemia
8. Full Name of Father	John Morawec
9. Father's Occupation	tailor
10. Father's Birthplace	Pardubetz in Boh
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopleth by M. Washington Lovell
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

10596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1876
4. Place of Birth (Street and Number)	72 S Washington St
5. Full Name of Mother	Frances G Thomas
6. Mother's Maiden Name	" " Younger
7. Mother's Birthplace	Virginia
8. Full Name of Father	John A Thomas
9. Father's Occupation	Captain of Bay Craft
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	14 S Eden St
Remarks	

10597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 5 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1876
4. Place of Birth (Street and Number)	Paca St. No 117.
5. Full Name of Mother	Mary Elizabeth Phelps
6. Mother's Maiden Name	Mary Elizabeth Cole
7. Mother's Birthplace	Anne Arundel County Md
8. Full Name of Father	Richard Benson Phelps
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Anne Arundel Cty Md.
Name of Medical Attendant, or other Person who makes this Return.	Samuel H. Hehn M.D.
Address	198. Druid Hill Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, the maiden name of the mother of such child or children.

10595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29 th. 1876
4. Place of Birth (Street and Number)	Mulberry Street, No 12
5. Full Name of Mother	Lina v. Lügger
6. Mother's Maiden Name	Karolind Krollmann
7. Mother's Birthplace	Iserloen Westfalia Germany
8. Full Name of Father	Frederick Otto Lügger
9. Father's Occupation	Artist
10. Father's Birthplace	Hagen, Westfalia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Fisher,
Address	No 11 South Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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10599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1895

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* ~~Colored~~ male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 27th 1896
4. *Place of Birth (Street and Number)* 152 Hoffman Street
5. *Full Name of Mother* ~~Hester Phillips~~ H. Washington
6. *Mother's Maiden Name* Harriett Phillips
7. *Mother's Birthplace* West River M. D.
8. *Full Name of Father* Cornelius Washington
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Kent County Md.

Name of Medical Attendant, or other Person who makes this Return. Hetty Bowley Dr Ress

Address 85 Orchard Street

Remarks

10-600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Children
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	Wife
3. *Date of Birth*	24th March.
4. *Place of Birth* (Street and Number)	Battery Ave. No. 136.
5. *Full Name of Mother*	Rosanuley Torres
6. *Mother's Maiden Name*	Rosanuley Waller
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Robbert. Torres.
9. *Father's Occupation*	Sclar.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rees Martin
Address	West St. No 128
Remarks	

APR 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	29 of March
4. Place of Birth (Street and Number)	West St. N. 136.
5. Full Name of Mother	Libred Gardner
6. Mother's Maiden Name	Libred Müller
7. Mother's Birthplace	Baian Schlaigan
8. Full Name of Father	Bernad Gardner.
9. Father's Occupation	Labor,
10. Father's Birthplace	Waipartz
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White.

3. Date of Birth 30th March 1876.

4. Place of Birth (Street and Number) S. E. Corner Broadway & Thames St.

5. Full Name of Mother Ellenora Sheeler.

6. Mother's Maiden Name Ellenora Williams.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Geo. Washington Sheeler.

9. Father's Occupation Can Maker.

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	30 March 1876
4. Place of Birth (Street and Number)	103 Eastern Av.
5. Full Name of Mother	Elisabetha Will
6. Mother's Maiden Name	Kneyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Will
9. Father's Occupation	Drayman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10604
awd

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1904

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Sixth Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30 1904
4. *Place of Birth (Street and Number)* 45 South St. East Bon
5. *Full Name of Mother* Ligia Barrett
6. *Mother's Maiden Name* Ligia Brown
7. *Mother's Birthplace* England
8. *Full Name of Father* John Barrett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Maguet Gth

Address

Remarks Forest Park Baltimore Co

Joseph Patrick Barrett

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 30th

4. Place of Birth (Street and Number) 32 Stirling St

5. Full Name of Mother Mary Howard

6. Mother's Maiden Name Mary Graham

7. Mother's Birthplace Northern Co of U.S.

8. Full Name of Father Amos Howard

9. Father's Occupation Drayman

10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. E. C. Duncan M.D.

Address 134 N High St Balto

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING

~~#~~ 10606

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th 1876
4. Place of Birth (Street and Number)	# 97 Castle alley
5. Full Name of Mother	Bridget Welch
6. Mother's Maiden Name	Bridget McKell
7. Mother's Birthplace	Ireland
8. Full Name of Father	Francis Welch
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 135 Alice Anna St
Remarks	

10608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 30th March 1876
4. *Place of Birth (Street and Number)* Babang St 210
5. *Full Name of Mother* Rosella Smith
6. *Mother's Maiden Name* Rosella Bonds
7. *Mother's Birthplace* Prince George county Md.
8. *Full Name of Father* Augustus Smith
9. *Father's Occupation* Works in livery Stables
10. *Father's Birthplace* Calvert County Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Blake

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Mar. 30.
4. Place of Birth (Street and Number)	262 N. Eilmer St
5. Full Name of Mother	Augusta Hanson
6. Mother's Maiden Name	Augusta Adams
7. Mother's Birthplace	Balt.
8. Full Name of Father	Frank Hanson
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. M. Wilson
Address	257 Mad. Ave.
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 4 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 March
4. *Place of Birth (Street and Number)* No 9 Dowhere Alley
5. *Full Name of Mother* Elizbeth Bachart
6. *Mother's Maiden Name* Elisbeth Sebald
7. *Mother's Birthplace* Germine
8. *Full Name of Father* Adam Bachard
9. *Father's Occupation* Labora
10. *Father's Birthplace* Germine

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 31 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th 1876
4. Place of Birth (Street and Number)	No 294 Eden Street
5. Full Name of Mother	Mrs Rosa E Cunningham
6. Mother's Maiden Name	Rosa E Groft
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edw Cunningham
9. Father's Occupation	Agt of Wheeler & Wilson Sewing Mach
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Edw De Longchamps
Address	No 194 N Calvert St
Remarks	The birth was premature (not overdue) Born 16 hours after birth

Edw De Longchamps

10612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
APR
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex* (*~~state whether Male or~~ Female*)
2. *Race or Color* (*~~if not of the~~ white race*)
3. *Date of Birth* March 30th 1876
4. *Place of Birth* (*Street and Number*) No 4 McElderry at Balto. Md
5. *Full Name of Mother* Elizabeth Mainley
6. *Mother's Maiden Name* " Ayres
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Samuel Mainley.
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrè M.D.

Address No 1 E Balto. city Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 30th March 1876

4. Place of Birth (Street and Number) 72 E. Lexington st.

5. Full Name of Mother Elizabeth Jaeger

6. Mother's Maiden Name

7. Mother's Birthplace U. States of America

8. Full Name of Father Lewis Jaeger

9. Father's Occupation Cooper

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 72 E. Lexington st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

106111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born march the 30 - 1876
4. *Place of Birth (Street and Number)* Born in ivy alley No 07
5. *Full Name of Mother* Name of mother Kate Rolls
6. *Mother's Maiden Name* .....
7. *Mother's Birthplace* mothers Birth Place Royal Oake talbert Co
8. *Full Name of Father* Charles Elliott
9. *Father's Occupation* Occupation Drayman
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr Powell

Address .....

Remarks .....

10615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	March 30. 1876
4. Place of Birth (Street and Number)	488 Penna Av
5. Full Name of Mother	Mary Griffith
6. Mother's Maiden Name	Mary Smack
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. A. Griffith
9. Father's Occupation	Carpenter
10. Father's Birthplace	Alex Coombe G M D
Name of Medical Attendant, or other Person who makes this Return.	A. Tenley M.D.
Address	454 N. Carey St City
Remarks	

10616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 31 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 30 ed 1876
4. Place of Birth (Street and Number)	№ 328 Sharp st
5. Full Name of Mother	Mathilde Merky
6. Mother's Maiden Name	Fabrie
7. Mother's Birthplace	Germany.
8. Full Name of Father	Sebastian Merky
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	213 Cross st. J. Schwasser midwife
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 30
4. *Place of Birth (Street and Number)* 245 Aliceanna St
5. *Full Name of Mother* Anna Müller
6. *Mother's Maiden Name* " Helmbold
7. *Mother's Birthplace* Oberwert
8. *Full Name of Father* Carl Müller
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidaye

Address No 289 S Bond St

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th, 1876
4. Place of Birth (Street and Number)	369 McDonough St
5. Full Name of Mother	Mrs. Elizabeth Parth
6. Mother's Maiden Name	Elizabeth Buchheimer
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Mr. George Washington Parth
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore County, Md.
Name of Medical Attendant, or other Person who makes this Return	Wm. C. Clendinen
Address	No. 93 North Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11. d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 30th 1876.
4. *Place of Birth (Street and Number)* 9 Elizabeth Alley.
5. *Full Name of Mother* Elizabeth Kelly.
6. *Mother's Maiden Name* Elizabeth O'Neil
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Richard Kelly.
9. *Father's Occupation* Barber. Maker
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av.

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 15 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30/76
4. Place of Birth (Street and Number)	No 100 Hanover
5. Full Name of Mother	Mary Dorethea Hohenmann
6. Mother's Maiden Name	Mary Dorethea Wagner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hermann H. Hohenmann
9. Father's Occupation	Wholesale Liquor Dealer
10. Father's Birthplace	Hanover in Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	No 60 Schroeder St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 5 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 March
4. Place of Birth (Street and Number)	8 Eliot street north
5. Full Name of Mother	Ellen Cramer
6. Mother's Maiden Name	Ellen Shea
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Cramer
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullivan
Address	104 Conway st East
Remarks	

10622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th 1876
4. Place of Birth (Street and Number)	Baltimore York St " No. 76
5. Full Name of Mother	Ellen Holman
6. Mother's Maiden Name	" Murphy
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Henry Holman
9. Father's Occupation	Stevedore
10. Father's Birthplace	Oldenbury Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 202 S. Charles Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

WEST BALTIMORE
APR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 th March
4. Place of Birth (Street and Number)	Randal St. No. 23.
5. Full Name of Mother	Margret Laught
6. Mother's Maiden Name	Margret Lauch.
7. Mother's Birthplace	Prayszer
8. Full Name of Father	Christian Laught.
9. Father's Occupation	Labor.
10. Father's Birthplace	Hessen.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

106214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
APR
3
1896

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 30th March 1896

4. *Place of Birth* (Street and Number) 257 N. Caroline

5. *Full Name of Mother* Fanny Chesler

6. *Mother's Maiden Name* Fanny Corrigan

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* James Thomas Chesler

9. *Father's Occupation* Clerk.

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 30 1916
4. *Place of Birth (Street and Number)* 9 Cross alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Harriet Davis
7. *Mother's Birthplace* Frederick City Md.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Dr Tres

Address 85 orchard street

Remarks

10626

RETURN OF A BIRTH.

APR 7 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	—
3. Date of Birth	March 31st 1876
4. Place of Birth (Street and Number)	304 Light St.
5. Full Name of Mother	Mary Catherine Saunders.
6. Mother's Maiden Name	" " Warner.
7. Mother's Birthplace	Washington, D.C.
8. Full Name of Father	Columbus S. Saunders
9. Father's Occupation	Painter,
10. Father's Birthplace	Dorchester Co. Md,
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall, M.D.
Address	158 S. Sharp St,
Remarks	Child Living,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 31 of March 1876

4. Place of Birth (Street and Number) No 46 Three Street

5. Full Name of Mother Ellin Lake

6. Mother's Maiden Name —

7. Mother's Birthplace Baltimore City

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Royston Williams

Address No 76 Calvert Street

Remarks Mother and Child doing well

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 31st 1876
4. Place of Birth (Street and Number)	305 Central av.
5. Full Name of Mother	Katherina Hubert
6. Mother's Maiden Name	" " " Elsässer
7. Mother's Birthplace	Germany
8. Full Name of Father	Karl Hubert
9. Father's Occupation	Tanner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Mollen
Address	165 Sterling Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 1 1895 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* March 31st 1895

4. *Place of Birth* (*Street and Number*) No 109 S. McCulloh St.

5. *Full Name of Mother* Mary Wells Klepfish

6. *Mother's Maiden Name* M. Wells Mary

7. *Mother's Birthplace* Bellmont New York

8. *Fult Name of Father* Henry M. Klepfish

9. *Father's Occupation* Wholesale Hardware Meats

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Chas. H. W. Hinkle M.D.

Address No 203 W. Lombard St

Remarks

J J

RETURN OF A BIRTH.

10630

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 31
4. *Place of Birth (Street and Number)* South west Cor Madison and Bond
5. *Full Name of Mother* Mary Snieder
6. *Mother's Maiden Name* Eistner
7. *Mother's Birthplace* Rhein prussian
8. *Full Name of Father* Jacob Snieder
9. *Father's Occupation* None
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10631

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31 1876
4. Place of Birth (Street and Number)	46 S Spring
5. Full Name of Mother	Selina Enedel
6. Mother's Maiden Name	Selina Peisa
7. Mother's Birthplace	England
8. Full Name of Father	Louis Enedel
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H Bram B Hemerdinger
Address	
Remarks	

10632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 21st 76

4. Place of Birth (Street and Number) 98 Dorsey Alley

5. Full Name of Mother Elizabeth Reichart

6. Mother's Maiden Name Heckman

7. Mother's Birthplace Hessen — Darmstadt Germany

8. Full Name of Father Everhart Frederick Reichart

9. Father's Occupation Carpenter

10. Father's Birthplace Wirtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10639

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 31st 1876
4. *Place of Birth* (Street and Number) 76 Lancaster
5. *Full Name of Mother* Josephine McCann
6. *Mother's Maiden Name* " Kennedy
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Michael McCann
9. *Father's Occupation* Police
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Pierre F. Dauchy M.D

Address 27. N. Broadway.

Remarks

RETURN OF A BIRTH.

10634

(over)

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child - CHARLES VICTOR DENNIS

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth March 31st 1876.

4. Place of Birth (Street and Number) * 44 S. Mount St.

5. Full Name of Mother Alice E. Dennis.

6. Mother's Maiden Name Abel.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Thomas Dennis.

9. Father's Occupation Paper Hanger.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. L. N. White M.D.

Address * 845 N. Baltimore St

Remarks Child Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 31st March 1876.
4. *Place of Birth* (Street and Number) No number Fort Road.
5. *Full Name of Mother* Annie Nigh.
6. *Mother's Maiden Name* Annie Lath.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Nigh.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10636

HEALTH DEPT
APR
1918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31, 1918.
4. Place of Birth (Street and Number)	1st 431 Hampstead St.
5. Full Name of Mother	Laura Wardell
6. Mother's Maiden Name	Ingalls Leonard
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Henry Wardell
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. Gilliland Lembeck Jr
Address	2038 E Lombard St
Remarks	

10637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
APR
1943
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) a thay are bouth affin rich

1. *Sex (state whether Male or Female)* hald art child male This is the 4
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* March th 31
4. *Place of Birth (Street and Number)* Chusnut Streest No 63
5. *Full Name of Mother* Chart hadden
6. *Mother's Maiden Name* Chart fit ll
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jhom l hadden
9. *Father's Occupation* hard Ledb brin
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. adline Gross

Address 55 forrest Streets

Remarks it is a Girl birth

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 31st 1876
4. *Place of Birth (Street and Number)* No 64 Dover St
5. *Full Name of Mother* Adaline Smithers
6. *Mother's Maiden Name* Adaline Johnson
7. *Mother's Birthplace* Harford Co. Md
8. *Full Name of Father* George Washington Smithers
9. *Father's Occupation*
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address 23 N. Liberty St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	(white)
3. Date of Birth	31st March
4. Place of Birth (Street and Number)	Baltimore Fremont st. No. 127.
5. Full Name of Mother	Mary Ann Haus
6. Mother's Maiden Name	Mary Ann Heuth
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Haus
9. Father's Occupation	shoemaker
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dumler
Address	No 60 Schroeder
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

110640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 31st 1876
4. Place of Birth (Street and Number)	224 Dover Street
5. Full Name of Mother	Amelia Grainer
6. Mother's Maiden Name	" " " Fortmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Grainer
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katharina Seebach
Address	439 W Pratt Street
Remarks	

Next Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

10624

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 6 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st mother of 7

1. Sex (state whether Male or Female)

Race or Color (if not of the white race) color female

Date of Birth apr. 1. 1876

Place of Birth (Street and Number) dolan st. 316.

Full Name of Mother anne birley

Mother's Maiden Name anne smouton

Birthplace napilis. m.d.

8. Full Name of Father william birley

9. Father's Occupation hord cerry

10. Father's Birthplace napilis. m.d.

Name of Medical Attendant, or other Person who makes this Return. mary mary bobbs

Address jefferson st. 51

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to report to the City Register of Baltimore, within the City limits, the birth of any child, within six days thereafter, giving distinctly the date of birth, sex, and color of the child, the full name, nativity, residence and occupation of the parents, and the maiden name of the mother of such child or children, as the case may be, shall be liable to a penalty of Twenty Dollars for each and every such neglect or refusal.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st
4. Place of Birth (Street and Number)	Baltimore " N. Hanover 104
5. Full Name of Mother	Susan Sarason
6. Mother's Maiden Name	" Dunigan
7. Mother's Birthplace	County Roscommon Ireland
8. Full Name of Father	Olben Sarason
9. Father's Occupation	Laborer
10. Father's Birthplace	County Tyrone Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 202 S. Charles st.
Remarks	

10643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 1st 1876
4. Place of Birth (Street and Number)	74 Leadenhall Street
5. Full Name of Mother	Maria Wiszner
6. Mother's Maiden Name	" " Münch
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Wiszner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

106411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 1st 1876
4. Place of Birth (Street and Number)	261 Sharp Street
5. Full Name of Mother	Margarethe Schmidt
6. Mother's Maiden Name	" " " Mainz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johannes Schmidt
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1
4. Place of Birth (Street and Number)	246 Lloyd St.
5. Full Name of Mother	Catherina Pierson
6. Mother's Maiden Name	" Phillips
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Aaron Pierson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Kurhessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eden St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the 'City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10646

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st April 1876
4. *Place of Birth (Street and Number)* 359 N. Gold st
5. *Full Name of Mother* Lizzie Stuck
6. *Mother's Maiden Name* Lenel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Stuck
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Marsh

Address 52 E. Lombard st

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race) 1

3. Date of Birth April 1, 1876.

4. Place of Birth (Street and Number) 183 Madison Avenue

5. Full Name of Mother Ann Virginia Clark

6. Mother's Maiden Name " " Coburn

7. Mother's Birthplace Cecil County, Maryland.

8. Full Name of Father Henry Clark Jr.

9. Father's Occupation Manufacturer of Shoes.

10. Father's Birthplace Troy, New York.

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard, M. D.

Address 181 Madison Avenue

Remarks Vertex Left, O. A. Labor easy

J. Metcalf

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 18th " 1876
4. Place of Birth (Street and Number)	Baltimore Md. " Henry st 33 No "
5. Full Name of Mother	Ann Jane Michel
6. Mother's Maiden Name	" " Lemon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Michel
9. Father's Occupation	Segar - maker
10. Father's Birthplace	Frederick - County
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. Mitchell
Address	No " 5 & 8 Parkin
Remarks	

Return of Registrations of the Board of Health to be Delivered to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st 1876
4. Place of Birth (Street and Number)	Birthe St. near Lemmon
5. Full Name of Mother	Christina Statel Miller
6. Mother's Maiden Name	Christina Statel
7. Mother's Birthplace	Germany
8. Full Name of Father	John Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	#98 d Chapel St. S.O.
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st
4. Place of Birth (Street and Number)	331 W. Lombard St.
5. Full Name of Mother	Emma Cohen
6. Mother's Maiden Name	Emma Frank
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Elezar Cohen
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Hutchins
Address	148 Mulberry St
Remarks	Child healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 2nd April 1st 10 A. M. Boy
4. *Place of Birth* (Street and Number) S. W. cor. Bethel & Baltimore Sts
5. *Full Name of Mother* Catharine Eliza Harbaugh
6. *Mother's Maiden Name* Catharine Eliza Hayes
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Fred. W. Harbaugh
9. *Father's Occupation* Sewing Machine Agent
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.

Address 299 E. Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apl 1th
4. *Place of Birth (Street and Number)* Adison ally No 8
5. *Full Name of Mother* Mary Ashbaek
6. *Mother's Maiden Name* Mary Smith
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* Henri Ashbaek
9. *Father's Occupation* Horsler
10. *Father's Birthplace* Germeny

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address No 29 Monro St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10633

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st 1876
4. Place of Birth (Street and Number)	98 Vine St
5. Full Name of Mother	Ann Elizabeth Reuter
6. Mother's Maiden Name	Ann E. Earp
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Anthony Reuter
9. Father's Occupation	Cigar Manufacturer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M.D.
Address	70 Centre St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st April
4. Place of Birth (Street and Number)	Baltimore Md 114 Myrtle Ave and Greenwillow
5. Full Name of Mother	Sophia Licount
6. Mother's Maiden Name	Sophia Berger.
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Licount
9. Father's Occupation	Engineer Balto Ohio R. R.
10. Father's Birthplace	Norfolk, Virginia,
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunlap.
Address	1N 60 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 2nd 1876.
4. Place of Birth (Street and Number)	200 n Fayette Street.
5. Full Name of Mother	Eva Childress
6. Mother's Maiden Name	Eva Hagenthaler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Boss B. Childress
9. Father's Occupation	Oyster Measurer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	36 Fish Alley
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 2nd 1876
4. *Place of Birth (Street and Number)* No 2 Holtzmann Courts
5. *Full Name of Mother* Amelia Witzel
6. *Mother's Maiden Name* " Senser
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Witzel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 220 Bank st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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10667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* April 2
4. *Place of Birth* (Street and Number) No 41 Lancaster St
5. *Full Name of Mother* Margaretha Smith
6. *Mother's Maiden Name* " Arch
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Johann Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace* Bayern

Name of Medical Attendant, or other Person who makes this Return. Regina Kesselaye

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10658

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

10659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
APR
1916
BAL. CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd April
4. Place of Birth (Street and Number)	240 George St.
5. Full Name of Mother	Mary Loretto
6. Mother's Maiden Name	O' Courtney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Loretto
9. Father's Occupation	Police Officer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary York
Address	328 South Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 2d. 29 Penn Street
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Anna Roberts
6. Mother's Maiden Name	A. Talbot
7. Mother's Birthplace	Maryland
8. Full Name of Father	Louis Roberts
9. Father's Occupation	Brakeman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Nevitt
Address	36 Paul Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 2d 1876.
4. Place of Birth (Street and Number)	53 Liberty Street.
5. Full Name of Mother	Elisa Denhardt.
6. Mother's Maiden Name	E. Dietz
7. Mother's Birthplace	Prussian.
8. Full Name of Father	Cayes Denhardt
9. Father's Occupation	Machinist
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Meinel
Address	56 Paul St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 2 nd 1876
4. Place of Birth (Street and Number)	No 258 Gross st.
5. Full Name of Mother	Mary Schenk
6. Mother's Maiden Name	Heiser
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Schenk
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lahodsen midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10663

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2d 1876
4. Place of Birth (Street and Number)	Maternite 163 N Lombard St.
5. Full Name of Mother	Florence Leonard.
6. Mother's Maiden Name	Same.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Dick White
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	William Rodes. M D. Resd Phys.
Address	163 N Lombard St.
Remarks	

10664

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
6
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 2d 1876
4. *Place of Birth* (Street and Number)	Maternite 165 N Lombard st
5. *Full Name of Mother*	Kate Ruth
6. *Mother's Maiden Name*	Same
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John James
9. *Father's Occupation*	Wagon driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	William Rodes. M.D Res Phys.
Address	163 N. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2nd 1876
4. Place of Birth (Street and Number)	No. 3 Stocken st
5. Full Name of Mother	Minnie Muller
6. Mother's Maiden Name	Minnie Black.
7. Mother's Birthplace	Prussia
8. Full Name of Father	Philip Muller
9. Father's Occupation	Carpeter
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Ofie Smith
Address	476 Penn st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

10666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2 1875
4. Place of Birth (Street and Number)	126 Johnson st
5. Full Name of Mother	Louisa Gable
6. Mother's Maiden Name	Louisa Vicar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Gable
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry A Nash
Address	
Remarks	

10667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Children
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	On the 2nd of April
4. Place of Birth (Street and Number)	129 S. Chapel street City of Baltimore
5. Full Name of Mother	Mary A Tuck
6. Mother's Maiden Name	Mary Ann Tracy
7. Mother's Birthplace	Baltimore county
8. Full Name of Father	Henry Tuck
9. Father's Occupation	J H Davison Chemical works
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 208 South Bond St
Remarks	

Return Registration of the Board of Health

rect Record of Vital Statistics to the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 2d April 1876
4. *Place of Birth (Street and Number)* 1845 Edward st
5. *Full Name of Mother* C. J. Hayden
6. *Mother's Maiden Name* C. J. Johnson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joshua Hayden
9. *Father's Occupation* Waiter Workman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 125 N. Caroline st.

Remarks

10669

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2nd 1876
4. Place of Birth (Street and Number)	No 190 Conway St
5. Full Name of Mother	Mary. Flynn
6. Mother's Maiden Name	Mary. Hannan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John. Flynn
9. Father's Occupation	
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble. M.D
Address	17 Cramer av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1876
BALTIMORE

City of Baltimore.

. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

Sex (state whether Male or Female) male

Race or Color (if not of the white race) white

Date of Birth april 2 1876

Place of Birth (Street and Number) shakespeare st 13

Full Name of Mother georgeann fowler

. Mother's Maiden Name georgeann tyden

. Mother's Birthplace Baltimore

. Full Name of Father James s fowler

. Father's Occupation hunter

. Father's Birthplace Baltimore

. ime of Medical Attendant, or other Person who makes this Return. mary conner

ldress 153 choptank st

Remarks

10671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sunday April 2nd 10 A M 1876

4. *Place of Birth (Street and Number)* 87½ E. Jefferson St

5. *Full Name of Mother* Helena Mason

6. *Mother's Maiden Name* Heelena Hawbick

7. *Mother's Birthplace* Balto City

8. *Full Name of Father* Thomas E Mason Jr.

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Dorsett M D

Address 292 E Baltimore St.

Remarks

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rect ... of Vital Statistics in the C... Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2. 1876
4. Place of Birth (Street and Number)	hamburg st No 75
5. Full Name of Mother	Elizabeth Hyson
6. Mother's Maiden Name	Elizabeth Spaulding
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Hyson
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 92 Hamburg st
Remarks	Mother and child doing well at present

10673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Apl 2nd 76
4. Place of Birth (Street and Number)	11 Cottage alley
5. Full Name of Mother	Mary Barker
6. Mother's Maiden Name	" Bolden
7. Mother's Birthplace	Balto
8. Full Name of Father	John Barker
9. Father's Occupation	Herb Dealer
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy
Address	12 Green's alley
Remarks	for Dr Bonkin

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

106711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth April 5 1876

4. Place of Birth (Street and Number) 665 N. Bond St

5. Full Name of Mother Mary F. Hopkins

6. Mother's Maiden Name Boyle

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Geo. Thos. Hopkins

9. Father's Occupation Engineer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. D. F. Sheridan M.D.

Address 5790 Fairland Ave.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* April the 2 1876
4. *Place of Birth (Street and Number)* No 8 Chestnut alley bet Calhun & Fre
5. *Full Name of Mother* Mary Bueuer
6. *Mother's Maiden Name* Mary Mare
7. *Mother's Birthplace* Cambreg
8. *Full Name of Father* Bengeman Bueuer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Colbert Co

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren

Address No 238 West Raleigh St

Remarks ~~date Before Birth~~ born the Child of the Mother

Died April 3rd 1876.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

10676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 10 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 3d 1876
4. *Place of Birth (Street and Number)* N. Central Av. № 116
5. *Full Name of Mother* Maria Boudenard
6. *Mother's Maiden Name* Maria Briere
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Boudenard
9. *Father's Occupation* Baker
10. *Father's Birthplace* Cainfeld Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Harry E. Miller

Address N. Dallas St. № 26.

Remarks

Tract Record of Vital Statistics in the City of Baltimore.

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10677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED
APR
1915
REGISTRAR OF VITAL STATISTICS
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 3rd April

4. *Place of Birth (Street and Number)* Norris Alley No Number

5. *Full Name of Mother* Cicila Thomas

6. *Mother's Maiden Name* Not Married

7. *Mother's Birthplace* Alabama

8. *Full Name of Father* Unknown

9. *Father's Occupation* " " "

10. *Father's Birthplace* " " "

Name of Medical Attendant, or other Person who makes this Return Lucinda Richards

Address 31 Liberty Road.

Remarks The baby is very Healthy Looking

Section of Vital Statistics to the City of Baltimore.

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10678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 5 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 24 Cross St

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name Annie Davis

7. Mother's Birthplace Virgin County

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Dr Billy Gross

Address No 1 Spalding Green

Remarks No other attendence

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

10679

HEALTH DEPARTMENT BALTIMORE MAY 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 1876 May 4th
4. *Place of Birth* (Street and Number) Carlisle Pike
5. *Full Name of Mother* Corline emery
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimo
8. *Full Name of Father* richard Dyer
9. *Father's Occupation* fathers oyster Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Willy Gross

Address No 1 Spatco Avenue

Remarks No attendance

10689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 April 1876
4. Place of Birth (Street and Number)	N. Sharp St.
5. Full Name of Mother	Mrs Charles Prouty
6. Mother's Maiden Name	Mary Catharine Wilbur
7. Mother's Birthplace	Balt. city
8. Full Name of Father	Charles Prouty
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer M D
Address	201 N. Biddle Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 3d 1876
4. *Place of Birth (Street and Number)* N 29 Madison Avenue
5. *Full Name of Mother* Mary Brehme
6. *Mother's Maiden Name* Mary Hall
7. *Mother's Birthplace* Ann Arundel Cy. Maryland
8. *Full Name of Father* Ottomar H Brehme
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Neustadt Saxony

Name of Medical Attendant, or other Person who makes this Return. F H Hatard M D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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To secure Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10652

To the Office of Registrar of Vital Statistics/ Board of Health.

BALTIMORE CITY.

VETERANS DIRECTED APR 9 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 30 April 1876

4. *Place of Birth (Street and Number)* 348 Lexington st

5. *Full Name of Mother* Mary Christina Lang

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Christian Lang

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspe

Address 57 E. Lexington st

Remarks

10683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 3. 76

4. *Place of Birth (Street and Number)* 186 Sharp St.

5. *Full Name of Mother* Eliza Brenner

6. *Mother's Maiden Name* " Knight

7. *Mother's Birthplace* Balto.

8. *Full Name of Father* Chas Brenner

9. *Father's Occupation* Manufacturer

10. *Father's Birthplace* X Cigar Maker

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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No 73

106814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 3. 1876
4. *Place of Birth (Street and Number)* West Fayette 117
5. *Full Name of Mother* Mary Leonhäfter
6. *Mother's Maiden Name* Mary Peter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Leonhäfter
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Johann Baumgarth

Address East Fayette 28

Remarks Twin

10685

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelve 11
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	3 April
4. Place of Birth (Street and Number)	130 North Gay St.
5. Full Name of Mother	Caelina Emrich
6. Mother's Maiden Name	Caeline Emrich
7. Mother's Birthplace	New York
8. Full Name of Father	Simon Emrich
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Rodelheim Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Boiso
Address	
Remarks	
	J Snyder No 40.

rect Record of Vital Statistics in the City of Baltimore.

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10686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Apr 3. 76

4. Place of Birth (Street and Number) 53 Preston st

5. Full Name of Mother Catharine Bellmyer

6. Mother's Maiden Name Conley

7. Mother's Birthplace md

8. Full Name of Father Charles Bellmyer

9. Father's Occupation car driver

10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 N Biddle st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 5th April 1876

4. Place of Birth (Street and Number) 308 Canton Av.

5. Full Name of Mother Louise Elisabeth Bauer

6. Mother's Maiden Name Bonnet

7. Mother's Birthplace Baltimore

8. Full Name of Father George Bauer

9. Father's Occupation Confectioner

10. Father's Birthplace Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraut Hiller

Address 151 E. Pratt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
14
1876
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
(state whether Male or Female)	Female
ce or Color (if not of the white race)	White
te of Birth	April 3rd 1876
ce of Birth (Street and Number)	68 Franklin St
ll Name of Mother	Mary Mercer Carter
ther's Maiden Name	Mary M. Swann
ther's Birthplace	68 Franklin St Baltimore
ll Name of Father	Chas. Shirley Carter
ther's Occupation	Physician
ther's Birthplace	Virginia
ame of Medical Attendant, or other Person who makes this Return.	F. J. Miles M. D.
ddress	14 Cathedral St
emarks	

10689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 3d 1876
4. *Place of Birth* (Street and Number) N 91 Morken St
5. *Full Name of Mother* Julia Farrell
6. *Mother's Maiden Name* Julia O'Connor
7. *Mother's Birthplace* County Cork, Ireland
8. *Full Name of Father* Matthew Farrell
9. *Father's Occupation* Marble Polisher
10. *Father's Birthplace* County Meath Ireland

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

20690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 3d April 1876
4. *Place of Birth (Street and Number)* 246 Battery Ave.
5. *Full Name of Mother* Ann Crem.
6. *Mother's Maiden Name* Ann Morris.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Frank Crem.
9. *Father's Occupation* Laborar.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No. 29 Elizabeth Lane.

Remarks

10691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	April 3rd 1876
4. *Place of Birth* (Street and Number)	492 N. Fremont St
5. *Full Name of Mother*	Maggie Neeb
6. *Mother's Maiden Name*	" " Kline
7. *Mother's Birthplace*	Balto Co Md
8. *Full Name of Father*	George Neeb
9. *Father's Occupation*	Bar Keeper
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzelf (Midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 3rd 1876.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 3rd 1876.
4. *Place of Birth (Street and Number)* No 120 Lancaster St.
5. *Full Name of Mother* Katharina Leinbenman.
6. *Mother's Maiden Name* Katharina Suskman.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Leinbenman.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arend.

Address No 137 S Wolfe St.

Remarks

10693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2"
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored White
3. Date of Birth	Apl 3rd 76
4. Place of Birth (Street and Number)	12 Lorenz Alley
5. Full Name of Mother	Mary Moore
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto
8. Full Name of Father	Unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy 12 Lorenz Alley
Address	
Remarks	for Dr Brooks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

106911

HEALTH DEPARTMENT
APR
6
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl 4.
4. Place of Birth (Street and Number)	Barnum's Hotel
5. Full Name of Mother	Elizabeth Andrus
6. Mother's Maiden Name	Elizabeth Fenno
7. Mother's Birthplace	Buffalo N.Y.
8. Full Name of Father	Captain E Andrus
9. Father's Occupation	U. S. A.
10. Father's Birthplace	Ireland N.I.
Name of Medical Attendant, or other Person who makes this Return.	H. Wilson
Address	257 Madison Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 4th 1876
4. Place of Birth (Street and Number)	360 Sharp Street
5. Full Name of Mother	Susanna Knorr
6. Mother's Maiden Name	" Elber
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anton Knorr
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münzle
Address	74 Leadenhall Stret
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10596

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 4th 1876
4. *Place of Birth* (Street and Number) N 378 Park Ave
5. *Full Name of Mother* Mary M. Wagner
6. *Mother's Maiden Name* Mary M. Fisher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Basil Wagner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F I Chatard M.D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 1876
4. Place of Birth (Street and Number)	President 21
5. Full Name of Mother	Roza. Passano.
6. Mother's Maiden Name	Roza. Paretti
7. Mother's Birthplace	Italy
8. Full Name of Father	John Passano.
9. Father's Occupation	Merchandising
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	P. J. Livingston M.D.
Address	73 East Pratt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 4
4. *Place of Birth (Street and Number)* 278 Linton, No
5. *Full Name of Mother* Johanna Bremer
6. *Mother's Maiden Name* " Büst
7. *Mother's Birthplace* Emden
8. *Full Name of Father* Henry Bremer
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Emden

Name of Medical Attendant, or other Person who makes this Return. Virginia Oberdorfer

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 11 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	of the Colord Race
3. Date of Birth	on the 4 of April
4. Place of Birth (Street and Number)	No 320 Hamburg Street
5. Full Name of Mother	Barbry Colvil.
6. Mother's Maiden Name	Barbry Johnson
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Colvil
9. Father's Occupation	Labar
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saty Ann Spence
Address	No 329 Hamburg Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	April 4th
3. Date of Birth	Fifteenth 1852
4. Place of Birth (Street and Number)	Sullivane Hunglandmark
5. Full Name of Mother	Juliane Krone
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	William Hunglandmark
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	No 60 Schroeder Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5^

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 4 April

4. Place of Birth (Street and Number) No 70 Granby Street

5. Full Name of Mother Louisa Leumann

6. Mother's Maiden Name Louisa Lumsbach

7. Mother's Birthplace Germany

8. Full Name of Father Henry Leumann

9. Father's Occupation Grocery Store

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby Street

Remarks

10702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BIRTH DEPT.
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 2nd 76.

4. Place of Birth (Street and Number) 120 E. Bath St.

5. Full Name of Mother Armilda Foreman

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore

8. Full Name of Father James Foreman

9. Father's Occupation Gilder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. R. Ruby

Address 134 N. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT APR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 4th 1876
4. *Place of Birth* (Street and Number) 772 W. Pratt st
5. *Full Name of Mother* Fanny Earl Billmier
6. *Mother's Maiden Name* " " Leuck
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jno. Billmier
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. D. L. Gluenthis

Address 374 W. Lombard st.

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 76
4. Place of Birth (Street and Number)	No 17 N. Caroline st.
5. Full Name of Mother	Mary E. Poole
6. Mother's Maiden Name	Mary E Kunnier
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jno Henry Poole
9. Father's Occupation	Police Officer
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	John A. Conner
Address	N. W. Cor Broadway & Ball
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21st 1876
4. *Place of Birth (Street and Number)* No 245 Biddle st
5. *Full Name of Mother* Elizabeth Schmidt
6. *Mother's Maiden Name* Elisabeth Böggus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Schmidt
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno H. Higgins

Address No 151 Hanover and 11

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4 april 1876
4. *Place of Birth (Street and Number)* spring st. 94
5. *Full Name of Mother* mary m bobbe
6. *Mother's Maiden Name* mary m ellmore
7. *Mother's Birthplace* hambridge
8. *Full Name of Father* conrad bobbe
9. *Father's Occupation* carpenter
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this Return. mary conner.

Address 153 choptank st

Remarks

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rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 4th 1876
4. Place of Birth (Street and Number)	230 N Wolf St
5. Full Name of Mother	Ida [illegible] Jones
6. Mother's Maiden Name	Ida May Beardsley
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edward Jones
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	281 N Donogh st
Remarks	

APR

Extract Regulations of the Board of Health relative to securing full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Dead 10708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: William David Benner

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April ~~March~~ 4th 1876
4. Place of Birth (Street and Number)	104 Mulliken St
5. Full Name of Mother	Mary Elizabeth Benner
6. Mother's Maiden Name	" " Kleinle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H H Benner
9. Father's Occupation	Potter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Mulliken
Address	286 McDonough st
Remarks	

Extract Regulations of the Board of Health relating to Return of Births and Deaths.

Duty to Report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	April 4th 1876.
4. Place of Birth (Street and Number)	368 S. Sharp St,
5. Full Name of Mother	Elizabeth Meyer.
6. Mother's Maiden Name	" Roell.
7. Mother's Birthplace	Switzerland
8. Full Name of Father	Joseph Meyer.
9. Father's Occupation	Cabinet-maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	158 S. Sharp St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male Child.
2. Race or Color (if not of the white race)	White Child
3. Date of Birth	4th April
4. Place of Birth (Street and Number)	No Henry St. 370
5. Full Name of Mother	Sarah Jane Virginia Quigley
6. Mother's Maiden Name	Sarah Jane Virginia Betts
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Samuel Quigley
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return,	Rosa Anderson
Address	no 4 Bond St
Remarks	

Correct Registration of the Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 14 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th of April 1876.
4. *Place of Birth (Street and Number)* 235 E. Fayette St
5. *Full Name of Mother* M. L. Zerkler.
6. *Mother's Maiden Name* M. L. Emmart.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John. H. Zerkler.
9. *Father's Occupation* Segar Maker.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. May Wallis

Address 125 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 4 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 1876.
4. *Place of Birth (Street and Number)* No 17 Burgh St.
5. *Full Name of Mother* Kate Marine.
6. *Mother's Maiden Name* Kate Miller.
7. *Mother's Birthplace* Island.
8. *Full Name of Father* P. Marine.
9. *Father's Occupation* Moulder.
10. *Father's Birthplace* Island.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mc Arment.

Address No 137 S Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Hirst

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 5 of April 1876
4. *Place of Birth* (Street and Number) No 80 Schroder St.
5. *Full Name of Mother* Hellen Klainkauf
6. *Mother's Maiden Name* H. Plaupein
7. *Mother's Birthplace* born in Darmstat Germany
8. *Full Name of Father* John Klainkauf
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* born in Bolenday Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hiller

Address No 57 Smallwood St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 10 1876

No.	*of Child of Mother (state whether 1st, 2d, 3d, &c.)*	4 Child 5 · 1876
1.	*Sex (state whether Male or Female)*	marier Sines Child
2.	*Race or Color (if not of the white race)*	Colerd
3.	*Date of Birth*	April 5. — —
4.	*Place of Birth (Street and Number)*	Warner St bet.
5.	*Full Name of Mother*	marier Sines
6.	*Mother's Maiden Name*	
7.	*Mother's Birthplace*	
8.	*Full Name of Father*	Joseph Sines
9.	*Father's Occupation*	Labrer on Warter
10.	*Father's Birthplace*	
	Name of Medical Attendant, or other Person who makes this Return.	
	Address	
	Remarks	Frances Des Grans Bey

Extract from Ordinances of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED
APR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 5th
4. Place of Birth (Street and Number)	144 Hollins Street
5. Full Name of Mother	Lizzie Richter
6. Mother's Maiden Name	Lizzie Thesing
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Otto Richter
9. Father's Occupation	Clerk at Public Weigher
10. Father's Birthplace	Mühlhausen in Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Wm. Simkins
Address	439 West Lexington St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 10 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. Sex (state whether Male or Female)	~~Colter~~ Female
2. Race or Color (if not of the white race)	Colles
3. Date of Birth	April the 5th 1876
4. Place of Birth (Street and Number)	23 Vincer Ally
5. Full Name of Mother	Ellen Buttles
6. Mother's Maiden Name	" " Cornish
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles Buttles
9. Father's Occupation	Laborer
10. Father's Birthplace	Rhode Island
Name of Medical Attendant, or other Person who makes this Return.	Elise Colnish
Address	23 Vincat Ally
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 10 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 5th 1876
4. Place of Birth (Street and Number)	119 Somerset Street
5. Full Name of Mother	Christina Bauhaus
6. Mother's Maiden Name	" " " Rössing
7. Mother's Birthplace	Germany
8. Full Name of Father	Anton Bauhaus
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburg Meller
Address	165 Stirling Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED APR 10 1875 REGISTRAR'S OFFICE BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 5 of April
4. *Place of Birth (Street and Number)* 260 north front st
5. *Full Name of Mother* Marion Cuff
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Co Roscommon Ireland
8. *Full Name of Father* Daniel Williams
9. *Father's Occupation* labourer
10. *Father's Birthplace* Co Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. Wolfinger Möller

Address Stirling St No 165.

Remarks

RETURN OF A BIRTH.

10719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5. 76
4. Place of Birth (Street and Number)	# 419 E. Chase st.
5. Full Name of Mother	Mary Jane Thorpe
6. Mother's Maiden Name	" " Morgan
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thos. G. Thorpe
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10729

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5. 76
4. Place of Birth (Street and Number)	# 242 W. Gay st.
5. Full Name of Mother	Harriet M. E Laughlin
6. Mother's Maiden Name	" Heath
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John M.c Laughlin.
9. Father's Occupation	Shoe Manufacturer
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	H. Hartman M.D.
Address	# 305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 5. 1876

4. Place of Birth (Street and Number) # 317 N. Broadway

5. Full Name of Mother Mary Emma Coleman

6. Mother's Maiden Name " " King

7. Mother's Birthplace Balto. city

8. Full Name of Father Richard Hill Coleman

9. Father's Occupation Farmer

10. Father's Birthplace Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address # 305 N. Caroline

Remarks

RETURN OF A BIRTH.

10722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 5th April 1876

4. Place of Birth (Street and Number) 127 S. Ann St.

5. Full Name of Mother Susan Collins Calvert

6. Mother's Maiden Name Susan C. Robinson.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father John Thomas Calvert.

9. Father's Occupation Mariner.

10. Father's Birthplace Alexandria Virginia.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell,

Address 207 S. Broadway

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5th 1876
4. Place of Birth (Street and Number)	162 Montgomery St.
5. Full Name of Mother	Addie L. Bailey
6. Mother's Maiden Name	Webber
7. Mother's Birthplace	Maine
8. Full Name of Father	Jno R. Bailey
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre Sts
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 15th.
4. Place of Birth (Street and Number)	35 Canal St.
5. Full Name of Mother	Ellen Kenneallo
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Ireland
8. Full Name of Father	Chas. Kenneallo
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E. Lombard.
Remarks	

10725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 5th

4. *Place of Birth (Street and Number)* 300 Cross St.

5. *Full Name of Mother* Caroline Rumpf Reinhardt

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Chas Rumpf

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Hessen-Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Henry Koch

Address 328 South Eutaw St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
APR
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5th 1876
4. Place of Birth (Street and Number)	112 Bennett St
5. Full Name of Mother	Joann Quickmon
6. Mother's Maiden Name	Joann Hunsey
7. Mother's Birthplace	Carroll County Md
8. Full Name of Father	Charles Quickmon
9. Father's Occupation	Laborer
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	1135 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 5th 1876
4. Place of Birth (Street and Number)	No 20 Bevan Street
5. Full Name of Mother	Katherine Münch
6. Mother's Maiden Name	" " " Kuhl
7. Mother's Birthplace	Germany
8. Full Name of Father	Eduard ~~Edward~~ Münch
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Strat
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

STREET NAME ADDED 7-11-58

10728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Laura De Witt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 5th 1876
4. Place of Birth (Street and Number)	No 54 S Washington
5. Full Name of Mother	Ella Dewitt
6. Mother's Maiden Name	Ella Houghsam
7. Mother's Birthplace	Virginia
8. Full Name of Father	C. E Dewitt
9. Father's Occupation	Carpenter
10. Father's Birthplace	New York State
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 Mc Donogh st
Remarks	

APR 1876

Extract Regulations of the Board of Health relative to the Duty and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10729.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	[redacted]
3. Date of Birth	4th 20
4. Place of Birth (Street and Number)	No 20 Bryson St
5. Full Name of Mother	Amy A Carney
6. Mother's Maiden Name	Amy Anne Leburn
7. Mother's Birthplace	County of Armagh Ireland
8. Full Name of Father	Patrick Carney
9. Father's Occupation	Labourer
10. Father's Birthplace	County Roscommon Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anne Mercer
Address	No 136 Mt Henry
Remarks	Mother & child doing well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10730

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 last month
4. Place of Birth (Street and Number)	Bayard St. 131
5. Full Name of Mother	Frances Frank
6. Mother's Maiden Name	Stanfek
7. Mother's Birthplace	Bohemian
8. Full Name of Father	Anton Frank
9. Father's Occupation	Polier
10. Father's Birthplace	Bohemian
Name of Medical Attendant, or other Person who makes this Return.	Kate Leigh
Address	1139 West Pratt St.
Remarks	

10731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Color
3. *Date of Birth* Thursday 6 april 1876
4. *Place of Birth* (Street and Number) 44 Penn alley
5. *Full Name of Mother* Rebecca Wesley
6. *Mother's Maiden Name* Rasin Rainer
7. *Mother's Birthplace*
8. *Full Name of Father* James Wesley
9. *Father's Occupation* Drayman
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary Rivens

Address 204 hamburg street

Remarks She is doing well at the Present

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics,-Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6th 1876
4. *Place of Birth (Street and Number)* 131 Lexington St.
5. *Full Name of Mother* Maria Schaun
6. *Mother's Maiden Name* M. Salchow
7. *Mother's Birthplace* Friedland Mecklenburg Germany.
8. *Full Name of Father* Charles Schaun
9. *Father's Occupation* Fur Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Salzer

Address 165 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Apr. 6th 1876

4. Place of Birth (Street and Number) 2 Federal st near Gay

5. Full Name of Mother Carrie Young

6. Mother's Maiden Name Howard

7. Mother's Birthplace Germany

8. Full Name of Father Henry Young

9. Father's Occupation Laborer

10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley

Address Cor Harford Ave & Biddle st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th
4. Place of Birth (Street and Number)	187 Hanover
5. Full Name of Mother	Ann E Zipp
6. Mother's Maiden Name	Ann Smith
7. Mother's Birthplace	Virginia
8. Full Name of Father	Jacob Zipp
9. Father's Occupation	—
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	C B Hamilton
Address	40 Richmond
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.74

10735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 6. 1876
4. *Place of Birth (Street and Number)* 0 St Lombard st No 218
5. *Full Name of Mother* Mary Rosenbauer
6. *Mother's Maiden Name* Mary Lings
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Rosenbauer
9. *Father's Occupation* Cigarren Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johann Rosenbach

Address South West St No 28.

Remarks Child dead

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1876
4. Place of Birth (Street and Number)	No 303 E. Chase St
5. Full Name of Mother	Mary Smoot
6. Mother's Maiden Name	Mary Jones
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wilbur Smoot
9. Father's Occupation	Sea Captain
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stotle, M.D
Address	17 Warren av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	6 of April
4. Place of Birth (Street and Number)	West St. N. 174
5. Full Name of Mother	Anna Agnold
6. Mother's Maiden Name	Anna Lester
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Agnold
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wes Martin
Address	West St. N 128
Remarks	

APR 1875

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6 1876
4. *Place of Birth (Street and Number)* 38 Druid Hill Ave
5. *Full Name of Mother* Mary Kavanagh
6. *Mother's Maiden Name* Byrne
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Dennis Kavanagh
9. *Father's Occupation* Stone mason
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. F. Kemp M.D. 38 Druid Hill Ave

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	German
3. Date of Birth	April 6th 1876
4. Place of Birth (Street and Number)	182 Raborg St
5. Full Name of Mother	Mrs. Elizabeth Weber
6. Mother's Maiden Name	Elizabeth Fielding
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Johan Weber
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. A. Hollowell M.D.
Address	No. 1 N. Carey St
Remarks	

RETURN OF A BIRTH.

10710

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1876
4. Place of Birth (Street and Number)	96 Saratoga
5. Full Name of Mother	Anna A Grandberry
6. Mother's Maiden Name	Anna A Starkey
7. Mother's Birthplace	Queen Anne Co. Md
8. Full Name of Father	William M Grandberry
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	America Georgia
Name of Medical Attendant, or other Person who makes this Return.	J. Wm Wells M.D.
Address	18 S. Eutaw
Remarks	Natural Labor. 1st position. Head presentation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 April 1876
4. Place of Birth (Street and Number)	1 Morris alley
5. Full Name of Mother	Mary Ann Kelly
6. Mother's Maiden Name	Prior
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Thomas Kelly
9. Father's Occupation	Hackman
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Bleven M.D
Address	201 W. [redacted] Biddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 mo 6th 1876
4. Place of Birth (Street and Number)	421 Central Avenue
5. Full Name of Mother	Louisa Delcher
6. Mother's Maiden Name	Louisa Bodenseck.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Delcher
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M. D
Address	47 Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10743

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 6 1876
4. Place of Birth (Street and Number)	215 Canton av
5. Full Name of Mother	Kreta Katharina Benken
6. Mother's Maiden Name	" " " Heeyen
7. Mother's Birthplace	Emden Ostfriesland
8. Full Name of Father	Johann Benken
9. Father's Occupation	Basket Maeker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6th 1876
4. *Place of Birth (Street and Number)* 388 Eagen St
5. *Full Name of Mother* Elizabeth Coughlan
6. *Mother's Maiden Name* Crane
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Bernard ~~Coughlan~~ Crane
9. *Father's Occupation* Broom Maker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A. Chrismer

Address 129 E. Monument.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 6th 1877
4. *Place of Birth* (Street and Number) No 1.09 Hill
5. *Full Name of Mother* Lydia Rich
6. *Mother's Maiden Name* Lydia Ann Hessler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Rich
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hedges

Address No 202 Woodward St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

(BOARD OF HEALTH APR 6 1896 BALTIMORE MD.)

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6th 1896
4. *Place of Birth (Street and Number)* #49 S. Chapel Lt
5. *Full Name of Mother* Barbara Linn
6. *Mother's Maiden Name* Barbara Strafel
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Linn
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Jh. Lodeser

Address #23 S. Durham St

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 6. 1876

4. Place of Birth (Street and Number) No 81 Lemburg

5. Full Name of Mother Lizzie Bachler

6. Mother's Maiden Name Lizzie Hess

7. Mother's Birthplace Poland

8. Full Name of Father John Bachler

9. Father's Occupation Later

10. Father's Birthplace— Baltimore

Name of Medical Attendant, or other Person who makes this Return. Fancy. Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to secure a full and cor-

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10748

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th April 1876.
4. Place of Birth (Street and Number)	116 Washington St
5. Full Name of Mother	Catherine Maier
6. Mother's Maiden Name	" Lais
7. Mother's Birthplace	U. S. Baltimore
8. Full Name of Father	Louis Maier
9. Father's Occupation	Grave-maker
10. Father's Birthplace	U. S. State of Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harper
Address	52 O'Donnell St
Remarks	

RETURN OF A BIRTH.

10749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d 1
1. Sex (state whether ~~Male or~~ Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	April 6. 1876
4. Place of Birth (Street and Number)	56 Whitcock St
5. Full Name of Mother	Sarah Hill
6. Mother's Maiden Name	Sarah Nowlin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	P. A. Hill
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Harford Co. Md
Name of Medical Attendant, or other Person who makes this Return.	A. Tenley M.D.
Address	452 N. Eutaw St.
Remarks	City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10730

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 6th 1876
4. Place of Birth (Street and Number)	№ 291 S. Paca st
5. Full Name of Mother	Margareth Stultman
6. Mother's Maiden Name	Kramer
7. Mother's Birthplace	America
8. Full Name of Father	Charles Stultman
9. Father's Occupation	Tinner
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lehrgasser midwife
Address	213 Cross st
Remarks	

Law for Registration of the Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 6 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colear
3. *Date of Birth* Sunday Evng 135 Pm
4. *Place of Birth* (Street and Number) Lexington Jurd Alley 33
5. *Full Name of Mother* Lizzie Johnson
6. *Mother's Maiden Name* Lizzie Brun
7. *Mother's Birthplace* Tobercorte eastern Shore Maryland
8. *Full Name of Father* Oscar Johnson
9. *Father's Occupation* cookman
10. *Father's Birthplace* Baltimore Fell Point Dallas greatt

Name of Medical Attendant, or other Person who makes this Return. Doctor Russell

Address Sophia Heine Midwife

Remarks 135 Chesnut st

Baltimore Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White American
3. *Date of Birth* 6th April 1876
4. *Place of Birth (Street and Number)* N. Stricker St 240
5. *Full Name of Mother* Ella Schroeder
6. *Mother's Maiden Name* Ella Mason
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Leo Schroeder
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Prince's George Co Md

Name of Medical Attendant, or other Person who makes this Return. George G. Brewer MD

Address 258 W. Fayette St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

U. 74.

10753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6. 1876
4. *Place of Birth (Street and Number)* 1951 Lombard Str. No 248
5. *Full Name of Mother* Mary Rosenbauer
6. *Mother's Maiden Name* Mary Lings
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Rosenbauer
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rempert

Address South Wolfe str. 6. 281

Remarks Mid. wife

Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1811

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th April
4. Place of Birth (Street and Number)	No 91 Albemarle st
5. Full Name of Mother	Eliza Shelley
6. Mother's Maiden Name	E Flemming
7. Mother's Birthplace	Ireland
8. Full Name of Father	Joseph Shelley
9. Father's Occupation	Cabo
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	No 91 Albemarle st
Remarks	Healthy

Extract Regulations of the Board of Health of the City of Baltimore, relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1075

10755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth (1 Jan 1900) Jan 7 1900

4. Place of Birth (Street and Number) 1128 Hollins st

5. Full Name of Mother Ernestine Chantry

6. Mother's Maiden Name Ernestine Chantry

7. Mother's Birthplace Baltimore

8. Full Name of Father Ludwig Chantry

9. Father's Occupation Liquor store

10. Father's Birthplace Hessen Nassau C

Name of Medical Attendant, or other Person who makes this Return. Wm Johannes Baumgarth

Address South Hollins St 1128

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10759
10756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 of April 1876
4. *Place of Birth (Street and Number)* No 9 Castle st Baltimor
5. *Full Name of Mother* Elisl Hennesy
6. *Mother's Maiden Name* Elisl Furlong
7. *Mother's Birthplace* Wesford Co Irland
8. *Full Name of Father* Thomas Hennesy
9. *Father's Occupation* Labora
10. *Father's Birthplace* Wesford Co Irland

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avnue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTRATION DEPARTMENT APR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 7th 1876.
4. Place of Birth (Street and Number)	Corner Druid Hill Avenue and Biddle Street
5. Full Name of Mother	Mary ~~Marks~~ Marks
6. Mother's Maiden Name	Mary Fries
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Marks Marks.
9. Father's Occupation	Saloonist
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

Return of Registration of the Birth of a Child, required to be delivered to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Wite
3. *Date of Birth*	7th April
4. *Place of Birth* (Street and Number)	Cross St. No 114
5. *Full Name of Mother*	Mary Loyd
6. *Mother's Maiden Name*	Mary Bryant
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Loyd
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128
Remarks	

APR 1 1876

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* April 7. 1876
3. *Date of Birth*
4. *Place of Birth (Street and Number)* No 66 Ros St
5. *Full Name of Mother* Marie Backer
6. *Mother's Maiden Name* Linnenbarger
7. *Mother's Birthplace* Hillibagussan
8. *Full Name of Father* John Backer.
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Hairstella

Name of Medical Attendant, or other Person who makes this Return. Anne Singer

Address [redacted] No 245 Monroe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10760

RETURN OF A BIRTH.

APR 11 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 7 1876
4. Place of Birth (Street and Number)	No 6 Centre Market
5. Full Name of Mother	Julie Windesheim
6. Mother's Maiden Name	" " Litmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Windesheim
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 E Fayette
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10761

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* 7 April 1876

4. *Place of Birth (Street and Number)* 323 N. Eutaw St.

5. *Full Name of Mother* Emma Grimm

6. *Mother's Maiden Name* " Kaufman

7. *Mother's Birthplace* Balt. city

8. *Full Name of Father* Thomas C. Grimm

9. *Father's Occupation*

10. *Father's Birthplace* Balt. city

Name of Medical Attendant, or other Person who makes this Return. Marburg Bros. md

Address 201 W. Biddle St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10762

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	7 April 1876
4. Place of Birth (Street and Number)	Decker St. near Oliver
5. Full Name of Mother	Margaret Brigman
6. Mother's Maiden Name	a Gallagher
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Brigman
9. Father's Occupation	Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Marburg Brown MD
Address	201 W. Biddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 7th 1876
4. Place of Birth (Street and Number)	98 S Chapel ots
5. Full Name of Mother	Maggerett Merst
6. Mother's Maiden Name	" Bielas
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Merst
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	120 Bank St
Remarks	

Legal Registration of the Births of Children is required by Law in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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10761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 of April 76
4. Place of Birth (Street and Number)	Bolle City 277 Chesquitta
5. Full Name of Mother	Laura Matilda Johnson
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	New York
8. Full Name of Father	Andrew Luther Johnson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	Sarah Wooten
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1876
4. Place of Birth (Street and Number)	No 175 South Eden St.
5. Full Name of Mother	Katharina Meyer.
6. Mother's Maiden Name	" " Deir
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Lorenz Meyer.
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Hofgrun.
Address	No 175 South Eden St
Remarks	Still born.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 6 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 9.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1876
4. Place of Birth (Street and Number)	John St. of Byt. Green Mt & Aisquith
5. Full Name of Mother	Isabella Shallus
6. Mother's Maiden Name	Kursey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis Henry Shallus
9. Father's Occupation	Custom House Broker.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hayson M.D.
Address	No. 18 Aisquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th
4. Place of Birth (Street and Number)	Cross St. No 304
5. Full Name of Mother	Minna Coldewey
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Theodore Coldewey
9. Father's Occupation	Grocer
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address	328 South Eutaw St
Remarks	

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

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10768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7th April

4. Place of Birth (Street and Number) Fort Ave.

5. Full Name of Mother Mary Herman

6. Mother's Maiden Name Bailey

7. Mother's Birthplace Eastern Shore

8. Full Name of Father Thomas Herman

9. Father's Occupation Machinist

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw st

Remarks

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1876
4. Place of Birth (Street and Number)	Baltimore Boyd at No 62
5. Full Name of Mother	Sarah Duvall
6. Mother's Maiden Name	Mooney
7. Mother's Birthplace	John Duvall
8. Full Name of Father	Ireland
9. Father's Occupation	Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Sarkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 2d 1876
4. Place of Birth (Street and Number)	103 Edward St Baltimore
5. Full Name of Mother	Mrs L Gibson
6. Mother's Maiden Name	Mrs L Coulbourne
7. Mother's Birthplace	Virginia
8. Full Name of Father	James Madison
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wm A. S. Bell
Address	No. 209. Monument N. Cor. Caroline n. Balto. Md
Remarks	Md Well.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10771

HEALTH DEPARTMENT
APR
1906
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	femail
2. Race or Color (if not of the white race)	
3. Date of Birth	April 8
4. Place of Birth (Street and Number)	116 West Pitter St
5. Full Name of Mother	Elisebeth Thomson
6. Mother's Maiden Name	Elisebeth Woods
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wiliam Thomson
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Mercer
Address	136 McHenry St
Remarks	Mother and baby well

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
APR
12
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 8th 1876

4. Place of Birth (Street and Number) 150 E. Bethel St

5. Full Name of Mother Elisabeth Klotz

6. Mother's Maiden Name " Frank

7. Mother's Birthplace Germany

8. Full Name of Father Edward Klotz

9. Father's Occupation Cigar Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Goetzke

Address No 55 S. Bond St Balt. Md "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April 8th 1876 9½ A M. Boy
4. *Place of Birth* (Street and Number) 99 Mc Elderry St.
5. *Full Name of Mother* Mary Eliza Lee
6. *Mother's Maiden Name* Mary Eliza Chalk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John C. Chase
9. *Father's Occupation* Printer
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Jamie E Donnelle M D

Address 299 E Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

107711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 of April
4. Place of Birth (Street and Number)	Hanover St. No. 248
5. Full Name of Mother	Annie Foyth
6. Mother's Maiden Name	Annie Hinkine
7. Mother's Birthplace	Pittsburgh Penn
8. Full Name of Father	John Foyth
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Maryland Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10775

HEALTH DEPT. APR 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 8th April
4. *Place of Birth* (Street and Number) Lancaster street 61
5. *Full Name of Mother* Mary Bolst
6. *Mother's Maiden Name* Mary Bauer
7. *Mother's Birthplace* St Louis
8. *Full Name of Father* John Bauer
9. *Father's Occupation* Broom maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address N. 208 South Bond St

Remarks

RETURN OF A BIRTH.

10776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1876
BALTIMORE

No. of Child of Mother (*state whether ~~1st, 2d, 3d, &c.~~*) Fifth

1. *Sex* (*state whether ~~Male or Female~~*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* April 8th 1876

4. *Place of Birth* (*Street and Number*) No. 1 S. Eutaw Street

5. *Full Name of Mother* Jefferia Albertina Hall

6. *Mother's Maiden Name* Jefferia Albertina Seaman

7. *Mother's Birthplace* Brooklyn N. Y.

8. *Full Name of Father* Henry Brougham Hall

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. O. Nelson Jr

Address 146 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1878

10.777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 8 1878
4. *Place of Birth* (Street and Number) South Bethel str No 7
5. *Full Name of Mother* Magdalena Re
6. *Mother's Maiden Name* Magdalena Klänens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Lee
9. *Father's Occupation* Laborer factory Worker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Baumach

Address South Wolf str No 28

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10778

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
1896
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 8th 1896
4. *Place of Birth* (Street and Number) Somerset St. No 44
5. *Full Name of Mother* Emma
6. *Mother's Maiden Name* Schneider
7. *Mother's Birthplace* Harrisburg, Penna
8. *Full Name of Father* John A Deit.
9. *Father's Occupation* Baker and Car Conductor M. R. R.
10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. A. E. Stein, M. D.

Address 195 N. Eden St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	White Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 1876
4. Place of Birth (Street and Number)	No 326 W Pratt St
5. Full Name of Mother	Amanda Hagg
6. Mother's Maiden Name	Amanda Graham
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Edwards Hagg
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Wm. C A Lewis
Address	162 Hanover St Balto Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 8th 1876
4. *Place of Birth (Street and Number)* 9 Mc Culloh st
5. *Full Name of Mother* Marion Armistead Dow
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John J. Armistead
9. *Father's Occupation*
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. P. B. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Sister

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Jewish race
3. *Date of Birth* Hanson St # 6s
4. *Place of Birth (Street and Number)* April 8th 1876
5. *Full Name of Mother* Sarah Lewis
6. *Mother's Maiden Name* " Shanowsky
7. *Mother's Birthplace* Poles Europe
8. *Full Name of Father* Abraham Lewis
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Poles Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Valley

Address 45 Holland St Balte City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 9th April 1876.
4. *Place of Birth (Street and Number)* 32 Elezabeth Lane.
5. *Full Name of Mother* Jinnie Coal.
6. *Mother's Maiden Name* Jinnie Wcast.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Jim Coal.
9. *Father's Occupation* Hookster.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No. 29. Elezabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 9th 1876
4. Place of Birth (Street and Number)	63 N Gay Street
5. Full Name of Mother	Kathie Paries
6. Mother's Maiden Name	" " Grah
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Paries
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

107811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 1876
4. Place of Birth (Stree and Number)	242 Argyle avenue
5. Full Name of Mother	Ottilie Caspari
6. Mother's Maiden Name	Ottilie W. Dieckmann
7. Mother's Birthplace	Bremen Germany
8. Full Name of Father	Frederick H. Caspari
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. A. Dohme M.D.
Address	86 E. Lafayette St.
Remarks	Natural Labor

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10755

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 11 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth April 7 1878.
4. Place of Birth (Street and Number) No 33 Eastern Ave
5. Full Name of Mother Clara Bauerinschub.
6. Mother's Maiden Name Clara Etzel.
7. Mother's Birthplace Germany
8. Full Name of Father John Bauerinschub.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arend

Address No 137 S Wolfe St.

Remarks

HEALTH DEPT APR 15 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Third

1. *Sex* (state whether Male or Female) Male & Healthe

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* born on the 9th of April 1876

4. *Place of Birth* (Street and Number) No 1 Vincent St.

5. *Full Name of Mother* Carline Kestler

6. *Mother's Maiden Name* C. Davis

7. *Mother's Birthplace* born in Green Spring Balto. County

8. *Full Name of Father* Henry Kestler

9. *Father's Occupation* House Painter

10. *Father's Birthplace* Rheinfeld Bavaria

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millar

Address No 57 Smallwood St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 9th 1876.
4. Place of Birth (Street and Number)	140 Seal Street
5. Full Name of Mother	Anna Lauber
6. Mother's Maiden Name	A Kuhlman
7. Mother's Birthplace	Prussian
8. Full Name of Father	Frank Lauber
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 1876
4. Place of Birth (Street and Number)	6103 Eastern Ave. Balto. Md
5. Full Name of Mother	Anna Louise Pundt
6. Mother's Maiden Name	Anna Louise Lenz
7. Mother's Birthplace	Essen Germany
8. Full Name of Father	Andreas Pundt
9. Father's Occupation	Confectionery
10. Father's Birthplace	Essen Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas. H. Buhl
Address	209 Monument St. Cor Caroline Balto.
Remarks	Both Well

rect Record of Vital Statistics in the City of Baltimore.

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10789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) [illegible]

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10790

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1 10 1876
4. Place of Birth (Street and Number)	36 Est Biddle Stret
5. Full Name of Mother	Clise Zoesher
6. Mother's Maiden Name	Eliese Flill
7. Mother's Birthplace	Germanie
8. Full Name of Father	Hennig Zoesher
9. Father's Occupation	Plak Schmit
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Ruediger
Address	134 N. Bondstret
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	April 11th 1878.
4. *Place of Birth* (Street and Number)	30 n. Front Street
5. *Full Name of Mother*	Anna Schink
6. *Mother's Maiden Name*	A. Balta
7. *Mother's Birthplace*	Eisleben Germany
8. *Full Name of Father*	Otto Schink
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36 Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 10th 1876.
4. Place of Birth (Street and Number)	34 Brown Street.
5. Full Name of Mother	Kate Barlow
6. Mother's Maiden Name	K. Martin
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Barlow
9. Father's Occupation	Upholster
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Carl East
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th April 1876
4. Place of Birth (Street and Number)	#92 S. Castle St.
5. Full Name of Mother	Mary Elisabeth Ackerman
6. Mother's Maiden Name	Mary Elisabeth Kleinschmitt
7. Mother's Birthplace	Russia
8. Full Name of Father	Geo. Ackerman
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	M. Loders
Address	#23 S. Durham St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10794

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 5th 1876.

APR 12 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* April 4th 1876.
4. *Place of Birth* (Street and Number) 1# E Bradford alley.
5. *Full Name of Mother* Johana Peters
6. *Mother's Maiden Name* Johana Kohn
7. *Mother's Birthplace* Germany America
8. *Full Name of Father* John Peters
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* ~~Germany~~ America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10th 1876
4. Place of Birth (Street and Number)	No 494 Penn. Ave.
5. Full Name of Mother	Annie Miller
6. Mother's Maiden Name	Annie Bickel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Miller
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elize Schmitt
Address	476 Penn Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* april the 10 mall
2. *Race or Color (if not of the white race)*
3. *Date of Birth* april the 10
4. *Place of Birth (Street and Number)* Clark between 6th
5. *Full Name of Mother* Louisa Jane Thomas
6. *Mother's Maiden Name* Jane Kinsh
7. *Mother's Birthplace* do do Chester County maryland
8. *Full Name of Father* William J thomas
9. *Father's Occupation* dredging
10. *Father's Birthplace* dorchester county maryland

Name of Medical Attendant, or other Person who makes this Return. Charles Wells

Address Parrens Aly 6th

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10797

103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11
4. Place of Birth (Street and Number)	Hoffman st No 227
5. Full Name of Mother	Mrs Geo Thomas
6. Mother's Maiden Name	Ella Parsell
7. Mother's Birthplace	New York
8. Full Name of Father	Mr Geo. P. Thomas
9. Father's Occupation	Bookseller
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr William Lee
Address	Eutaw cor Hoffman st
Remarks	

10798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10th
4. Place of Birth (Street and Number)	No 160 N. Eutaw St.
5. Full Name of Mother	Louisa Behn
6. Mother's Maiden Name	Louisa Halbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Behn
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Tenkhues
Address	148 Mulberry St
Remarks	Child - healthy -

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 10th of April 1876
4. *Place of Birth* (Street and Number) 170 S. Wolfe
5. *Full Name of Mother* Agnes Rhode
6. *Mother's Maiden Name* Worch
7. *Mother's Birthplace* Femern, Holstein
8. *Full Name of Father* Charles Rhode
9. *Father's Occupation* Ship carpenter
10. *Father's Birthplace* Rhumenthal, Hanover

Name of Medical Attendant, or other Person who makes this Return. Fr Kathrens MD

Address 245 S. Wolfe

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10800

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th 6th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* April 10th 1876

4. *Place of Birth* (Street and Number) Cor Mulberry & Park St

5. *Full Name of Mother* Lina Rumohr

6. *Mother's Maiden Name* " " Amager

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Fritz Rumohr

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Wetzenkehl (mid.)

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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MISSING

~~#~~ 10801

RETURN OF A BIRTH.

10502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 10 of April 1876
4. *Place of Birth (Street and Number)* Balt No Tessier St
5. *Full Name of Mother* Alenia Thompson
6. *Mother's Maiden Name* Oliver
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* John Thompson
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 10th of April 1876
4. *Place of Birth* (Street and Number) 65 N. Eden,
5. *Full Name of Mother* Lizzie Paster
6. *Mother's Maiden Name* Lizzie Myers
7. *Mother's Birthplace* Baltimore City,
8. *Full Name of Father* A. Paster
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

108011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 10th 1876
4. Place of Birth (Street and Number)	153 Hamburg Street
5. Full Name of Mother	Emma Bullman Schmidt
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Karl Bullman
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katherina Münch
Address	74 Leadenhall St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Thirteenth
1. *Sex* (state whether Male or Female)	Female Child
2. *Race or Color* (if not of the white race)	Colored Child
3. *Date of Birth*	Born on the 10 April 1876
4. *Place of Birth* (Street and Number)	No 185 exter Street
5. *Full Name of Mother*	Alice [redacted] Wallace
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore M D
8. *Full Name of Father*	Richard Wallace
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut St
Remarks	Harriet Jackson

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10806

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 135 hill st april 11
4. *Place of Birth* (Street and Number) Alma yard
5. *Full Name of Mother*
6. *Mother's Maiden Name* Anna Shepherd
7. *Mother's Birthplace* Colbert County
8. *Full Name of Father* Geo yard
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Colbert Co

Name of Medical Attendant, or other Person who makes this Return. Will Gross

Address Stapleton Asylum No 1

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	4th Mo 10th 1876.
4. Place of Birth (Street and Number)	Denmead St near Maryland Avenue.
5. Full Name of Mother	Nora Gibbons
6. Mother's Maiden Name	Nora Hayward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John F. Gibbons
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M. D.
Address	47 Lexington St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10th 1876
4. *Place of Birth (Street and Number)* 1067 Patterson Park ave
5. *Full Name of Mother* Friedrike J Kaune
6. *Mother's Maiden Name* " " " Ehlers
7. *Mother's Birthplace* Hannover Germany
8. *Full Name of Father* William H Kaune
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Hannover Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10 1876
4. *Place of Birth (Street and Number)* Baltimore Harford Av 3 1/2
5. *Full Name of Mother* Isabell Miller
6. *Mother's Maiden Name* Isabell Bisco
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Miller
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Arnd

Address Harford Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th of April
4. Place of Birth (Street and Number)	No 50 Chester St
5. Full Name of Mother	Ellen Daily Dorsey
6. Mother's Maiden Name	Ellen Daily
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Dorsey
9. Father's Occupation	Seaman
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	No 178 E. Chapel & Ex. P.O.
Remarks	"

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* Scotland
3. *Date of Birth* ~~April~~ the 10th 1876
4. *Place of Birth (Street and Number)* 84 Beach alley
5. *Full Name of Mother* Elizabeth Spriggs
6. *Mother's Maiden Name* Unknown
7. *Mother's Birthplace* "
8. *Full Name of Father* John Spriggs
9. *Father's Occupation* Plowman
10. *Father's Birthplace* Unknown

Name of Medical Attendant, or other Person who makes this Return. Caroline Fisher Midwife

Address

Remarks This child died May 10 1876

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10812

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Apl 10th Fredrick ave

4. Place of Birth (Street and Number) No 72 Fredrick av

5. Full Name of Mother Maria Sirnoski

6. Mother's Maiden Name Maria Kullas

7. Mother's Birthplace Polland

8. Full Name of Father Mikel Sirnoski

9. Father's Occupation Horsler

10. Father's Birthplace Germoni

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address No 29 Monroe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11. April
4. *Place of Birth (Street and Number)* Shows Mill
5. *Full Name of Mother* Louisa Shore.
6. *Mother's Maiden Name* Louisa Hess
7. *Mother's Birthplace* Canton
8. *Full Name of Father* John Shore
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avnue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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10811

April 13 1876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11 1876
4. Place of Birth (Street and Number)	354 South Caroline St
5. Full Name of Mother	Josephien Gaviner
6. Mother's Maiden Name	Josephien Williams
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	George Gavine.
9. Father's Occupation	Labour
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	Name of Child, ~~Geo~~ Harley Gaviner
Remarks	The child is healthy

Penalties and Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 12 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex* (state whether Male or Female) ~~Female~~ Female

2. *Race or Color* (if not of the white race) colard

3. *Date of Birth* April 11

4. *Place of Birth* (Street and Number) 14 Durkins St

5. *Full Name of Mother* Emely Mitchel

6. *Mother's Maiden Name* Emely delaney

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Eman delaney

9. *Father's Occupation* Labor

10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sarah Sikes

Address 941 Orleans St

Remarks

10816

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 17 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	11th April
4. Place of Birth (*Street and Number*)	283 William Street
5. Full Name of Mother	Mary Ann Elliott
6. Mother's Maiden Name	Mary Ann Kane
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	Georg Elliott
9. Father's Occupation	Oysterman
10. Father's Birthplace	Baltimor MD
Name of Medical Attendant, or other Person who makes this Return.	M M Conway
Address	
Remarks	

— That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 11th

4. *Place of Birth (Street and Number)* Colored Orphan Asylum

5. *Full Name of Mother* Henrietta Palmer

6. *Mother's Maiden Name* Henrietta Forker

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* W. C. Palmer

9. *Father's Occupation* Supt Colored Orphan Asylum

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Murdock M.D.

Address 107 St. Paul St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

40515

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11th 1876
4. Place of Birth (Street and Number)	Baltimore W. Lombard 1569
5. Full Name of Mother	Budget Doyle
6. Mother's Maiden Name	" Higgins
7. Mother's Birthplace	Ireland
8. Full Name of Father	Richard Doyle
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 5 & Parkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* a
3. *Date of Birth* 11 April 76
4. *Place of Birth (Street and Number)* 190 Mulberry St
5. *Full Name of Mother* Maria Munden
6. *Mother's Maiden Name* Maria Schuchler
7. *Mother's Birthplace* Bachmann
8. *Full Name of Father* Gustav Munden
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Stadgard (Germany)

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Heidmann MD

Address 120 Pearl St Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10820

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* April 76
4. *Place of Birth (Street and Number)* 167 Mulberry St.
5. *Full Name of Mother* Clara Louise Mathilda Obelen
6. *Mother's Maiden Name* Clara Louise Mathilda Boehne
7. *Mother's Birthplace* Nienburg (Hanover) Germany
8. *Full Name of Father* Ernst Heinrich Obelen
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D. F. Wiedemann M.D.

Address 120 East St - Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10121

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 12th 1876.
4. Place of Birth (Street and Number)	No. 113 Easton Ave.
5. Full Name of Mother	Barbara Horst
6. Mother's Maiden Name	" " Bubenheky
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Horst.
9. Father's Occupation	Restaurant
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Walter Wolfram
Address	No 115 South Eden St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 12th 1876
4. Place of Birth (Street and Number)	No 311 S. Charles st
5. Full Name of Mother	Sarah Muley.
6. Mother's Maiden Name	Bauker.
7. Mother's Birthplace	America
8. Full Name of Father	Cristian Muley.
9. Father's Occupation	Baker.
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Lehnasser midwife
Address	213 Cross st.
Remarks	

10523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 12
4. *Place of Birth (Street and Number)* No 275 Pullus St
5. *Full Name of Mother* Mary Kitlech
6. *Mother's Maiden Name* " Sommer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Kitlech
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10821-11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 12th April
4. *Place of Birth (Street and Number)* 69 E Eutaw Street
5. *Full Name of Mother* Lennon Johnson
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Easton Talbot County
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Rozelle Wilson

Address No 70 Lloyd Street

Remarks Mother Lives Same House

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 12
4. *Place of Birth (Street and Number)* Augusta st 400
5. *Full Name of Mother* Susan Awbrey
6. *Mother's Maiden Name* Susan Clark
7. *Mother's Birthplace* Essex Virginia
8. *Full Name of Father* Thomas Awbrey
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan A. Strond

Address Harford Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 4th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	April 19
4. *Place of Birth* (Street and Number)	170 South Caroline Street
5. *Full Name of Mother*	Johanne Elise Fandelmann
6. *Mother's Maiden Name*	Hartjen
7. *Mother's Birthplace*	Bremen
8. *Full Name of Father*	Johann Henry Fandelmann
9. *Father's Occupation*	~~Working~~ Laborer
10. *Father's Birthplace*	Bremen
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No. 208 South Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	12 April 1876
4. *Place of Birth* (Street and Number)	Castelli 75
5. *Full Name of Mother*	Františka Sobězal
6. *Mother's Maiden Name*	Františka Kaunar
7. *Mother's Birthplace*	Děčín in Bohemia
8. *Full Name of Father*	Albert Sobězal
9. *Father's Occupation*	labor
10. *Father's Birthplace*	Zemlin in Boh
Name of Medical Attendant, or other Person who makes this Return.	Mary Koplik
Address	69 W. Washington
Remarks	

Extract from Regulations of the Board of Health relative to Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 12th 1876
4. Place of Birth (Street and Number)	69 Raborg St
5. Full Name of Mother	Sarah A. Wilson
6. Mother's Maiden Name	Sarah A. Commodore
7. Mother's Birthplace	Anne Arundel County
8. Full Name of Father	George W. Wilson
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M.D.
Address	70 Center St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Registration of Births, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 15 1896
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 12th 1876

4. Place of Birth (Street and Number) S. E. Cor Carline & East / Balto St

5. Full Name of Mother Susannah Louisa Lanalette

6. Mother's Maiden Name Susannah Lo. K Lepperh

7. Mother's Birthplace Balto City Md.

8. Full Name of Father George Lanalette

9. Father's Occupation Druggist

10. Father's Birthplace Balto City Md.

Name of Medical Attendant, or other Person who makes this Return. Charles W. Mosher M.D.

Address No 84 East / Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April [illegible] 1876.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 13th 1876.
4. *Place of Birth* (Street and Number) No 142 Chapple St.
5. *Full Name of Mother* Mary Beck.
6. *Mother's Maiden Name* Mary Reiter.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Beck.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arnold.

Address No 17 S Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 14th 1876.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 13th 1876.
4. *Place of Birth (Street and Number)* No 51 Bradford Alley.
5. *Full Name of Mother* Lizzie Lipfel.
6. *Mother's Maiden Name* Lizzie Ulrich.
7. *Mother's Birthplace* ~~Christ Lipfel~~ b. Germany.
8. *Full Name of Father* Christ Lipfel.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. & M. Amend.

Address No 1378 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1077

10832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* April 13. 1876
4. *Place of Birth* (Street and Number) 1 Front West St. n 47
5. *Full Name of Mother* Margaretha Armtmann
6. *Mother's Maiden Name* Margaretha Braun
7. *Mother's Birthplace* Sachsendorf Bayern
8. *Full Name of Father* Johann Armtmann
9. *Father's Occupation* Carpenter
10. *Name of Medical Attendant,* or other Person who makes this Return. Dr Johann Braunach

Address 1 Front West St n 25

Remarks Third Ward

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10832

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th
4. Place of Birth (Street and Number)	323 Lanvale St.
5. Full Name of Mother	Amelia Ruppe
6. Mother's Maiden Name	Amelia Levy
7. Mother's Birthplace	New Orleans La.
8. Full Name of Father	Reuben F. Ruppe
9. Father's Occupation	Clerk
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St
Remarks	Child-healthy —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

108311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	"Centennial" April 13th 1876.
4. Place of Birth (Street and Number)	178 Carrollton Avenue.
5. Full Name of Mother	Mary Elizabeth Rouse
6. Mother's Maiden Name	" " Bowden,
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Chas. Augustus Rivard Rouse,
9. Father's Occupation	Physician,
10. Father's Birthplace	Shenandoah Co. Near Jackson Virginia.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fletterhoff Ph. D.
Address	77 George St.
Remarks	

Extract Regulations of the Board of Health relative to Registration of Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 13th 1876

4. Place of Birth (Street and Number) Mount st North of Lexington st

5. Full Name of Mother Laura C. Knight

6. Mother's Maiden Name Laura C. McCleary

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Wm H. Knight

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Sinclair

Address No 29 Monroe st

Remarks

10536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7th

1. *Sex* (*state whether ~~Male~~ or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* April 15/76

4. *Place of Birth* (*Street and Number*) 89

5. *Full Name of Mother* Annie B Coleman

6. *Mother's Maiden Name* " Ryan

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Royal B Coleman

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. D. L. Thurston

Address 379 W Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether ~~Male or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 13th 1876
4. *Place of Birth* (Street and Number) S. Castle St. No. 34
5. *Full Name of Mother* Kunigunde Hoehn
6. *Mother's Maiden Name* Kunigunde Hutschenreiter
7. *Mother's Birthplace* Neufang, N. Baiern Germany
8. *Full Name of Father* Jakob Hoehn
9. *Father's Occupation* none
10. *Father's Birthplace* Frenzheim, N. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6ter Child

1. *Sex (state whether ~~Male or~~ Female).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 13th 1876
4. *Place of Birth (Street and Number)* N. Durham St. No 82.
5. *Full Name of Mother* Friederika Radr
6. *Mother's Maiden Name* Friederika Mai
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Moses Radr
9. *Father's Occupation* East Manufacturer
10. *Father's Birthplace* Ebersdorf N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13 April 1876
4. Place of Birth (Street and Number)	217 Canton Av.
5. Full Name of Mother	Maria Anschuetz
6. Mother's Maiden Name	Borsch
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Anschuetz
9. Father's Occupation	Locksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Hiller
Address	151 E. Fayette St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 St.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 18th 1876
4. Place of Birth (Street and Number)	Eastern av. 2nd door West of Burk
5. Full Name of Mother	Mary A. McLaughlin
6. Mother's Maiden Name	Mary A. Flaherty
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Christopher McLaughlin
9. Father's Occupation	Machinist
10. Father's Birthplace	Dublin, Ireland
Name of Medical Attendant, or other Person who makes this Return	G. L. Wilkins M.D. 6 S. Broadway
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

101111

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th 1876
4. Place of Birth (Street and Number)	Baltimore Gifford st No. 5
5. Full Name of Mother	Elizabeth Louis
6. Mother's Maiden Name	" Bennett
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Louis
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 518 Parkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10812

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 April
4. *Place of Birth (Street and Number)* 228 Scott St.
5. *Full Name of Mother* Maria Kraemer
6. *Mother's Maiden Name* " Forsh
7. *Mother's Birthplace* Kgr. Prussia Germany
8. *Full Name of Father* Antone Kraemer
9. *Father's Occupation* Police
10. *Father's Birthplace* Washington

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 325 South Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

105113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 5 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15th April
4. *Place of Birth (Street and Number)* Bruckerei No. 46.
5. *Full Name of Mother* Adele Pielinski
6. *Mother's Maiden Name* Adele Prigull.
7. *Mother's Birthplace* Rosenberg.
8. *Full Name of Father* Hermann Pielenski
9. *Father's Occupation* Arbeiter.
10. *Father's Birthplace* Elbing

Name of Medical Attendant, or other Person who makes this Return. Hebamme

Address 46 Bruckerei

Remarks Lief Dunker
60 N. Schroeder St

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

108411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colo.

3. *Date of Birth* April 13th 1876 Baltimore

4. *Place of Birth (Street and Number)* 1. E. cor. Green & Eutaw Sts.

5. *Full Name of Mother* Eva Augusta Hatchison

6. *Mother's Maiden Name* Eva Augusta Ross

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Gustavus E. Hutchinson

9. *Father's Occupation* Machinist

10. *Father's Birthplace* Prince Brunswick Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm. T. Bull

Address No 209 Monument St. cor. Central Avenue Balto.

Remarks No. 2 11.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10545

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 13th 1876
4. *Place of Birth (Street and Number)* No 93 Lancaster sts
5. *Full Name of Mother* Amanda Saen
6. *Mother's Maiden Name* Lein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Saen
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 15

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 14th 1876.
4. *Place of Birth (Street and Number)* 1118 Washington St.
5. *Full Name of Mother* Katie Meckerd.
6. *Mother's Maiden Name* Katie Hecker.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Meckerd.
9. *Father's Occupation* House Paper Painter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address 1311 & Wolfe St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14th 1876
4. Place of Birth (Street and Number)	No 109 Bank St.
5. Full Name of Mother	Mary E. Mathaney
6. Mother's Maiden Name	Mary E. Hebb,
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Daniel J. Mathaney
9. Father's Occupation	Pilot
10. Father's Birthplace	Baltimore Md,
Name of Medical Attendant, or other Person who makes this Return.	John S. Synchell, M.D,
Address	194 E. Pratt St.
Remarks	Born alive and healthy

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10848

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Colord Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* of the Color race
3. *Date of Birth* april the 14 1876
4. *Place of Birth (Street and Number)* Register St 120
5. *Full Name of Mother* Corline Dorsey
6. *Mother's Maiden Name* Corline Lanbury
7. *Mother's Birthplace* Baltimore Citty Md
8. *Full Name of Father* Elie Dorsey
9. *Father's Occupation* labor
10. *Father's Birthplace* Howard County Md

Name of Medical Attendant, or other Person who makes this Return. Mid Wife Lucinda Watford

Address Regester St 130

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10849

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6tes Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 18th 1875
4. *Place of Birth* (Street and Number) S. Register St. No. 150
5. *Full Name of Mother* Maria Linet
6. *Mother's Maiden Name* Maria Gans
7. *Mother's Birthplace* Crainfeld Gr. Hessen Germany
8. *Full Name of Father* Andreas Linet
9. *Father's Occupation* none
10. *Father's Birthplace* Crainfeld Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address S. Dallas St. No. 26.

Remarks

RETURN OF A BIRTH.

10850

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 1st 1876

4. Place of Birth (Street and Number) 222 Lombard

5. Full Name of Mother Mary Cottman Fuchs

6. Mother's Maiden Name Mary Cottman Fuchs

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Fuchs

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr Harrison Dunlop

Address 16 South St 437

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10851

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday April 14th 1876
4. Place of Birth (Street and Number)	Columbia Avenue No 218.
5. Full Name of Mother	Sophia Leppert
6. Mother's Maiden Name	Sophia Hoffman
7. Mother's Birthplace	Nurnberg Bavaria
8. Full Name of Father	Peter Leppert
9. Father's Occupation	Locksmith.
10. Father's Birthplace	Bayher Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Chas H. Moore
Address	Peter Leppert. 208. Columbia Avenue
Remarks	Dr. Benjamin Pike of Baltimore Md. 429 Md Avenue

rect Record of Vital Statistics in the City of Baltimore.

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10552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* April 14 1895
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* Mrs Lydia
6. *Mother's Maiden Name* Mrs Kemp.
7. *Mother's Birthplace* Virginia.
8. *Full Name of Father* A Hugh
9. *Father's Occupation* Coal Yard worker
10. *Father's Birthplace* Germany. Mary Mulligan

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10553

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th 96
4. *Place of Birth (Street and Number)* Frederick Road
5. *Full Name of Mother* Anna Engel
6. *Mother's Maiden Name* Anna Boschenburg
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Engel
9. *Father's Occupation* Day Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Willgrod

Address [illegible]

Remarks

RETURN OF A BIRTH.

1085 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

105535

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 14th 1876.
4. Place of Birth (Street and Number)	# 83 S. Gilmor St
5. Full Name of Mother	Sarah A. Showacre.
6. Mother's Maiden Name	Wheeler.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George W. Showacre.
9 Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. W. White M.D.
Address	# 845 W. Baltimore St.
Remarks	Child Healthy.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	mulatto
3. Date of Birth	April 9th 1876.
4. Place of Birth (Street and Number)	141 Franklin st. west.
5. Full Name of Mother	Louisa Ey
6. Mother's Maiden Name	L. Knauss
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Gustav Ey
9. Father's Occupation	Barber
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	56 East St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10857.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14. 76
4. Place of Birth (Street and Number)	# 307 Stanford Rd.
5. Full Name of Mother	Sarah Jane Warfield
6. Mother's Maiden Name	" " Dept
7. Mother's Birthplace	Howard Co. Md.
8. Full Name of Father	Joshua Warfield
9. Father's Occupation	Clerk
10. Father's Birthplace	Frederick Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10858

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) sixth

1. Sex (*state whether Male or Female*) Female

2. Race or Color (*if not of the white race*) White

3. Date of Birth 11th April

4. Place of Birth (*Street and Number*) 42 Eutaw St.

5. Full Name of Mother M. Hofmann

6. Mother's Maiden Name Gaff

7. Mother's Birthplace Virginia Germania.

8. Full Name of Father Geo. Hofmann.

9. Father's Occupation Tobacco.

10. Father's Birthplace Prussian Germany

Name of Medical Attendant, or other Person who makes this Return. J. Conner.

Address 160 Barnet St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10859

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ——

3. Date of Birth 17th April

4. Place of Birth (Street and Number) No 1 Medegal St.

5. Full Name of Mother Ellen Bailey

6. Mother's Maiden Name Whitten

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Bailey

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks ——

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 14th 1876
4. *Place of Birth (Street and Number)* No 206 Alice Ann st
5. *Full Name of Mother* Rebecca Rice
6. *Mother's Maiden Name* " Steinberg
7. *Mother's Birthplace* City
8. *Full Name of Father* August Rice
9. *Father's Occupation* Horse Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10861

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
21
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 14th 1876

4. *Place of Birth* (Street and Number) Bank Street No 129

5. *Full Name of Mother* Laura A. York

6. *Mother's Maiden Name* Wilson

7. *Mother's Birthplace* Harford Co Md.

8. *Full Name of Father* John B. York

9. *Father's Occupation* Cigar maker

10. *Father's Birthplace* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. A. C. Stein M. D.

Address 195 N. Eden St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	—
3. Date of Birth	April 14th 1876,
4. Place of Birth (Street and Number)	153 Hughes St,
5. Full Name of Mother	Elizabeth D. Johnson,
6. Mother's Maiden Name	" " Travers,
7. Mother's Birthplace	Dorchester Co. Md
8. Full Name of Father	John Isaac Johnson,
9. Father's Occupation	Sea Captain,
10. Father's Birthplace	Dorchester Co. Md,
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall, M.D,
Address	158 S. Sharp St,
Remarks	Child living and well developed.

10863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* ~~th April~~ white
3. *Date of Birth* 15 April
4. *Place of Birth (Street and Number)* Corner S. Broades & Lexington Street
5. *Full Name of Mother* Margaretha Schott
6. *Mother's Maiden Name* Gerhard
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Schott
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 224 W Fayette Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 11 21 1876
4. *Place of Birth (Street and Number)* Baltimore 65 perry Street
5. *Full Name of Mother* Martha Bias
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Asbury Williams
9. *Father's Occupation*
10. *Father's Birthplace* Howard Co

Name of Medical Attendant, or other Person who makes this Return. Hester Bundly Drs

Address 81 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* American race
3. *Date of Birth* April 15th 1876
4. *Place of Birth (Street and Number)* Harrison St #49
5. *Full Name of Mother* Martha Sharfe
6. *Mother's Maiden Name* " " Weber
7. *Mother's Birthplace* Kurhessen Europe
8. *Full Name of Father* Thomas H. Sharfe
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Kurhessen Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Rose Holley

Address 48 Holland St Balto City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

10866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th 1876.
4. Place of Birth (Street and Number)	Ann st No 203.
5. Full Name of Mother	Catharn Nelson
6. Mother's Maiden Name	Thyne
7. Mother's Birthplace	Gesunnabrick. Germ
8. Full Name of Father	Wm " Nelson
9. Father's Occupation	Labourer
10. Father's Birthplace	Prussia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Nº 320 Allice. Anna st.
Remarks	

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Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether Male or Female)	Mit Chulet femal
Race or Color (if not of the white race)	whulit aveler
Date of Birth	the Chulet is born 16 April 1876
Place of Birth (Street and Number)	the Pumber is 79 S Wolf 79
Full Name of Mother	Dore Linze
Mother's Maiden Name	Mis Löllman
Mother's Birthplace	is born the 12 12 Mars 1850 Fürstenteigen
Full Name of Father	Wijle Löllman und Lihlebelet) Linze
Father's Occupation	Thur Pfünnsten
Father's Birthplace	born in Lihlebelet Lin Linze
Name of Medical Attendant, or other Person who makes this Return.	Mis Hartmann 9 S Wolf st
Address	the Address
Remarks	Bemerky

1078 10568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 15 1876

4. Place of Birth (Street and Number) South Forest St No 33

5. Full Name of Mother Mary Fechelan

6. Mother's Maiden Name Mary Settelmeier

7. Mother's Birthplace Baltimore

8. Full Name of Father Heinrich Fechelan

9. Father's Occupation Confectionery

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rauprich

Address South Wolf St No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10869

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter White

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 15th 1876
4. *Place of Birth* (Street and Number) Hampstead St. No 115.
5. *Full Name of Mother* Louise Weiss
6. *Mother's Maiden Name* Louise Elbrechter
7. *Mother's Birthplace* Bielefeld Th. Preussen Germany
8. *Full Name of Father* Heinrich Weiss
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Gehzell Gr. Hessen Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

108-70

HEALTH DEPARTMENT
APR 18 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 April 1876 ~~Budgely~~ ~~Baltimore~~
4. Place of Birth (Street and Number)	No 6 Budgely St Baltimore
5. Full Name of Mother	Amelia Thanbach
6. Mother's Maiden Name	" " Lidler
7. Mother's Birthplace	Germany
8. Full Name of Father	Julius Thanbach
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Gunther Thanbach
Address	437 South B
Remarks	

10871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th 1876
4. Place of Birth (Street and Number)	661 Pennsylvania ave
5. Full Name of Mother	Mary Virginia Bond
6. Mother's Maiden Name	Barlow
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	Charles Thomas Bond
9 Father's Occupation	Conductor
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	William H. Murray M.D
Address	No. 10 N. Carey st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10872

RETURN OF A BIRTH.

6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* April 15 P.M.
4. *Place of Birth (Street and Number)* Patapsco st 269
5. *Full Name of Mother* Harriet Gamper
6. *Mother's Maiden Name* Harriet Stillman.
7. *Mother's Birthplace* Jacksonville
8. *Full Name of Father* William Gamper
9. *Father's Occupation* Fireman on the Chesapeake Station
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina K. Ingold

Address 151 E Lemmont street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 15th 1876
4. Place of Birth (Street and Number)	Baltimore Ramsay St 193
5. Full Name of Mother	Elizabeth Barns
6. Mother's Maiden Name	Elizabeth Bob
7. Mother's Birthplace	Baltimore E C Md
8. Full Name of Father	Felix Barns
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore E C Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Freburger
Address	766 West Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10874

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th 1876
4. Place of Birth (Street and Number)	# 402 Alice Anna St.
5. Full Name of Mother	Catherine Conner
6. Mother's Maiden Name	Catherine McWilliams
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Conner
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Rachel A Garrett
Address	# 435 Alice Anna St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mullato
3. Date of Birth	April 15th 1876
4. Place of Birth (Street and Number)	In the rear of 161 Lexington st.
5. Full Name of Mother	Emma P. Thomas
6. Mother's Maiden Name	" " White
7. Mother's Birthplace	Easton - Talbot Co. U.S. of Am.
8. Full Name of Father	Henry Thomas
9. Father's Occupation	Waiter
10. Father's Birthplace	Washington City - D.C.
Name of Medical Attendant, or other Person who makes this Return.	F. B. Gardner M.D.
Address	121 Mulberry st.
Remarks	

10876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th 15th
4. *Place of Birth (Street and Number)* 15 S. Exeter st
5. *Full Name of Mother* Mary Tunahue
6. *Mother's Maiden Name* Mary Tunahue
7. *Mother's Birthplace* Irland
8. *Full Name of Father* James Tunahue
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Flemming

Address 97 Albemarle st

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
20
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 April
4. *Place of Birth (Street and Number)* 356 Stuart St.
5. *Full Name of Mother* Adelaide Bleck
6. *Mother's Maiden Name* " Roth
7. *Mother's Birthplace* Brougham
8. *Full Name of Father* Saml Black.
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 328 South Eutaw st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 of April
4. Place of Birth (Street and Number)	123 North St
5. Full Name of Mother	Mary A Meehan
6. Mother's Maiden Name	Mary A Hughes
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Meehan
9. Father's Occupation	Barber
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	This is to certify Charlotte Wilson has attended me with 3 children and Monroughly understands her business
Address	166 Gwaly
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ~~not~~ colerd
3. *Date of Birth* 15 of April
4. *Place of Birth (Street and Number)* 88 dalla? ste
5. *Full Name of Mother* ann marier Bell. Cather Bell Baltimore
6. *Mother's Maiden Name* Samd J Bell Baltimor
7. *Mother's Birthplace* Bricke maker
8. *Full Name of Father*
9. *Father's Occupation* this is to certifz Chorlott Wilsons
10. *Father's Birthplace* has attended me and

Name of Medical Attendant, or other Person who makes this Return. thoroughly understand her

Address

Remarks Bnisness No 6 dewales

10881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th 1876
4. Place of Birth (Street and Number)	Baltimore Columbia Ave. No. 1
5. Full Name of Mother	E. Hosfress
6. Mother's Maiden Name	" Longly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Hosfress
9. Father's Occupation	Brick - Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10881

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 28 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th of April
4. Place of Birth (Street and Number)	No 44 Frederick Street
5. Full Name of Mother	Anna Elisabetha Schaek.
6. Mother's Maiden Name	
7. Mother's Birthplace	(Birstein) Germania
8. Full Name of Father	Jacob Rüli
9. Father's Occupation	Shoemaker
10. Father's Birthplace	(Birstein) Germania
Name of Medical Attendant, or other Person who makes this Return.	Miss Tunker
Address	60 N. Schroeder Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10552

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1876
4. *Place of Birth (Street and Number)* N 24 N. Calhoun St
5. *Full Name of Mother* Mary M. Bogue
6. *Mother's Maiden Name* Mary M. Davis
7. *Mother's Birthplace* Norfolk, Virginia
8. *Full Name of Father* Robert Henry Bogue
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C F Chatard M D

Address N 114 Park Ave.

Remarks

RETURN OF A BIRTH.

10883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	From
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	15 April
4. Place of Birth (Street and Number)	242 Orchard Alley
5. Full Name of Mother	Karlina Stark
6. Mother's Maiden Name	" Meyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Stark
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Magdalena Summerfield
Address	Cor Fayette & Sperl sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10811

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15th of April
4. *Place of Birth (Street and Number)* 77 Thames Street
5. *Full Name of Mother* Agnieska Kostanowska
6. *Mother's Maiden Name* a Boltzer
7. *Mother's Birthplace* Mikostowice Germany
8. *Full Name of Father* Mathew Boltzer
9. *Father's Occupation* Leber
10. *Father's Birthplace* Kyano Germany

Name of Medical Attendant, or other Person who makes this Return. Cecylia Zygaj

Address Thames Street Betw. Bonn & Wolf St

Remarks very well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 15 1876
4. Place of Birth (Street and Number).	S. Eutaw No 202
5. Full Name of Mother	Babara Andrews
6. Mother's Maiden Name	Babara Wiegand
7. Mother's Birthplace	Germaina
8. Full Name of Father	William Andrews.
9. Father's Occupation	Butcher
10. Father's Birthplace	Germaina
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fischer
Address	S. Eutaw st No 11
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10556

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. ~~Race or Color (if not~~ of the white race)

3. Date of Birth April 15th

4. Place of Birth (Street and Number) 206 Druid Hill Av Balto

5. Full Name of Mother Mary Anna Miller

6. Mother's Maiden Name Mary Anna Asburn

7. Mother's Birthplace Loudoun Co Va

8. Full Name of Father Llewellyn Miller

9. Father's Occupation Insurance agent

10. Father's Birthplace Alexandria Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr T Donald Lowe

Address 112 Park Av Balto

Remarks

10887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1876
4. *Place of Birth (Street and Number)* No 30 Addison St
5. *Full Name of Mother* Mary Ratiford
6. *Mother's Maiden Name* Mary Connaughton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Ratiford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula P Christner

Address 129 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1876
4. *Place of Birth (Street and Number)* 180 East St
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* " Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F Chrismer

Address 129 E Monument

Remarks

11859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 15th 1876
4. *Place of Birth (Street and Number)* No 147 S Wolfe St
5. *Full Name of Mother* Louisa La Porte
6. *Mother's Maiden Name* Louisa Heinzmann
7. *Mother's Birthplace* City
8. *Full Name of Father* William La Porte
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 15th 1876
4. *Place of Birth (Street and Number)* No 21 & 23 W. Pratt str
5. *Full Name of Mother* Kate Schwinn
6. *Mother's Maiden Name* " Heinzmann
7. *Mother's Birthplace* City
8. *Full Name of Father* George Schwinn
9. *Father's Occupation* Resturant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st 11th of April 1876
4. Place of Birth (Street and Number)	449 E Fayette st.
5. Full Name of Mother	Mary Heler
6. Mother's Maiden Name	Mary Smith.
7. Mother's Birthplace	B Germany
8. Full Name of Father	C. L. Heler.
9. Father's Occupation	Shipping
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	May Walter
Address	125 N Caroline st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10892

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether *Male* or ~~*Female*~~)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16th April 1876
4. *Place of Birth* (Street and Number)	236 Montgomery st
5. *Full Name of Mother*	Elizabeth Platt Scarborough
6. *Mother's Maiden Name*	Elizabeth Platt
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	William Scarborough
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. N. Webster M.D.
Address	59 Barre st
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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10893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 16 of April
4. *Place of Birth (Street and Number)* Stirling St to 1018.
5. *Full Name of Mother* Mary Gutterman
6. *Mother's Maiden Name* Mary Rocobar
7. *Mother's Birthplace* go. in Münstambarey
8. *Full Name of Father* Hermann Gutterman
9. *Father's Occupation* Tagloiser
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this Return. Wirlinger Müller

Address Stirling St to 165,

Remarks

10894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16th 1876
4. Place of Birth (Street and Number)	311 E. Monument Street
5. Full Name of Mother	Eva Klingelhoefer
6. Mother's Maiden Name	Eva Schild
7. Mother's Birthplace	Germanie
8. Full Name of Father	Johan Klingelhoefer
9. Father's Occupation	Oyster Schucker
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 S. Bond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16. 1876
4. Place of Birth (Street and Number)	× 396 Orleans St
5. Full Name of Mother	Emma V. Ingang
6. Mother's Maiden Name	" Metcalf
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Ingang
9. Father's Occupation	Hatter
10. Father's Birthplace	Philadelphia, Pa.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	× 305 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10896

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~April 16th~~
3. Date of Birth	April 16th.
4. Place of Birth (Street and Number)	No. 16. Myrtle Avenue
5. Full Name of Mother	Catharina Broessel
6. Mother's Maiden Name	Catharina Ebert
7. Mother's Birthplace	Germane
8. Full Name of Father	Wiliam W. Broessel
9. Father's Occupation	Tailor
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. Lommerfeld
Address	Corner Carl and Fayette Sts
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 16. 76
4. *Place of Birth (Street and Number)* 158 Myrtle Ave
5. *Full Name of Mother* E. Regina Murphy
6. *Mother's Maiden Name* Mullen
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jno P. C. Murphy
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. W. McKenrick M.D.

Address 55 N. Green St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 16 of April 1876
4. *Place of Birth (Street and Number)* N° 19 Gordon Alley
5. *Full Name of Mother* Mary E Hooker
6. *Mother's Maiden Name* Mary
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James H Parker
9. *Father's Occupation* Messenger in the Custom house
10. *Father's Birthplace* Country

Name of Medical Attendant, or other Person who makes this Return. Lucy A Cornish

Address N° 21 Rews Alley

Remarks

10599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* April 16
4. *Place of Birth (Street and Number)* Wigdon Alley
5. *Full Name of Mother* Mary Proctor
6. *Mother's Maiden Name* Mary Hammond
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thomas Proctor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Johnny ville

Name of Medical Attendant, or other Person who makes this Return. Elizabeth F. Riley

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10900

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 22 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16th
4. Place of Birth (Street and Number)	133 Paca St
5. Full Name of Mother	Margaret F Mahan
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Ohio
8. Full Name of Father	George A Mahan
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J J Knight MD
Address	112 N Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10901.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11

HEALTH DEPARTMENT APR 22 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* March 16 1896

4. *Place of Birth* (Street and Number) 161 Aisquith Street

5. *Full Name of Mother* Anna Hillegeist

6. *Mother's Maiden Name* Anna Hobsack

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Max Hillegeist

9. *Father's Occupation* Foreman Bank

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Max Hillegeist.

Address 161 E. Lexington Street.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 16th

4. Place of Birth (Stree and Number) S. Paca st near 3/4.

5. Full Name of Mother Elizabeth Polster

6. Mother's Maiden Name Elizabeth Gran

7. Mother's Birthplace Germany

8. Full Name of Father Conrad Polster

9. Father's Occupation Brick Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Baldenstein

Address No 106 Columbia Av

Remarks

Great Record of Vital Statistics in the City of Baltimore.

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1090.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 16th April 1876

4. Place of Birth (Street and Number) 35 Fairfax Alley

5. Full Name of Mother Mary Kimble

6. Mother's Maiden Name Shumacher

7. Mother's Birthplace U. States of America

8. Full Name of Father Charles Kimble

9. Father's Occupation Shoemaker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Jacob Casper

Address 52 E Lombard St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10904

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 ffhildern
1. Sex (state whether Male or Female)	Ferrale
2. Race or Color (if not of the white race)	Wife
3. Date of Birth	16th Aprill
4. Place of Birth (Street and Number)	Charles St. No 396
5. Full Name of Mother	Kathern Smelzer
6. Mother's Maiden Name	Kathern Hagel
7. Mother's Birthplace	Brimestine
8. Full Name of Father	Joseph Smelzer.
9. Father's Occupation	Tailar
10. Father's Birthplace	in garmeney
Name of Medical Attendant, or other Person who makes this Return.	Geo Martin
Address	West St No 128
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16 April 1876
4. Place of Birth (Street and Number)	108 E. Lombard St.
5. Full Name of Mother	Margretha Walther
6. Mother's Maiden Name	Aarnz
7. Mother's Birthplace	Germany
8. Full Name of Father	John Walther
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Fratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

11906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16th 1876
4. Place of Birth (Street and Number)	189 Conway St.
5. Full Name of Mother	Mary E. Simms
6. Mother's Maiden Name	Swan
7. Mother's Birthplace	Maryland
8. Full Name of Father	Joseph L. Simms
9. Father's Occupation	Stove dealer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre
Remarks (Feeble).	

10907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 18 1907
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 April
4. *Place of Birth (Street and Number)* 180 Register
5. *Full Name of Mother* Merie Woidell
6. *Mother's Maiden Name* Daumans
7. *Mother's Birthplace* Rebernsdorf
8. *Full Name of Father* Ernst Dauman
9. *Father's Occupation* Schneidergus
10. *Father's Birthplace* Wirsitz

Name of Medical Attendant, or other Person who makes this Return. Mary Güttner

Address Car of Wolf Strit No 245.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10908

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male and Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7 o'clock P.M. Sunday April 16th.

4. Place of Birth (Street and Number) N.E. Cor of East Avenue and O'Donnell St

5. Full Name of Mother Mary Evart

6. Mother's Maiden Name Mary Inner

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert Evart

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. Sieligan M.D

Address 28 O'Donnell St

Remarks Was called at 7 o'clock P.M. German Midwife in charge, found two heads presenting in the Superior Strata, patient restless and pains gone Administered Ergot & Sulphate Mo forceps delivered a healthy Male child. After an interval of five minutes the second child was borne with the first pain

10909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

1 L 2d "

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1 L 2d "

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~) Male

2. *Race* ~~*or Color*~~ (~~*if not of the*~~ *white race*) White

3. *Date of Birth* April 16 "76

4. *Place of Birth* (*Street and Number*) 9 E. Lexington St

5. *Full Name of Mother* Henrietta S. Clayton

6. *Mother's Maiden Name* Henrietta S. Shultz

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Joseph S. Clayton

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Jno. J. R. Boyd M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16. 1876
4. Place of Birth (Street and Number)	No 51 Block St
5. Full Name of Mother	Ann E. Callanan
6. Mother's Maiden Name	Ann E. Mooney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Richard Callanan
9. Father's Occupation	Ship Carver.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. S. Lungly M.D.
Address	194 E. Pratt St
Remarks	Alive and healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

1091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April. 16th/76.
4. Place of Birth (Street and Number)	Essex st No 35.
5. Full Name of Mother	Elizabeth. Glaser
6. Mother's Maiden Name	" Herman
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Charles. Glaser
9. Father's Occupation	Shipper
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Philadelphia
Remarks	No 320 Allicanna st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee! Record of Vital Statistics in the City of Baltimore.

10912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	April 16th 1876
4. *Place of Birth* (Street and Number)	67 David Hillcave
5. *Full Name of Mother*	Elizabeth Shiffler
6. *Mother's Maiden Name*	" " Nau
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Joseph Shiffler
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Meisenzahl (Midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10913

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	american
3. Date of Birth	April 16, 1876
4. Place of Birth (Street and Number)	Baltimore St # 754
5. Full Name of Mother	Hannah Staffe
6. Mother's Maiden Name	" " Gebelein
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Justus Staffe
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St Balto City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics

RETURN OF A BIRTH.

10911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 16th 1876
4. *Place of Birth (Street and Number)* No 297 Alice Anna st
5. *Full Name of Mother* Emma Pitz
6. *Mother's Maiden Name* " Meister
7. *Mother's Birthplace* City
8. *Full Name of Father* Frederick Pitz
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 16th 1876
4. Place of Birth (Street and Number)	No 72 Lancaster str
5. Full Name of Mother	Rosa Fuchs
6. Mother's Maiden Name	" Kuhn
7. Mother's Birthplace	Germany
8. Full Name of Father	Meyer Fuchs
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str
Remarks	

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Fee Record of Vital Statistics of the City of Baltimore.

10916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the second
1. *Sex* (state whether Male or Female) a female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 17 april
4. *Place of Birth* (Street and Number) N. 20 Conway St.
5. *Full Name of Mother* Augusta Bernhardt
6. *Mother's Maiden Name* Augusta Ehoff
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Julius Bernhardt
9. *Father's Occupation* Cook in Steamer
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Heeny
Address No 32 Lexington Street
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

10917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) born on the 2 of april a mail

1. Sex (state whether Male or Female) child colord live name of Mother Mary

2. Race or Color (if not of the white race) macle 10 head maiden name was may

3. Date of Birth thonson fathers name samuel mable

4. Place of Birth (Street and Number) birth place colbert county mothers

5. Full Name of Mother birth place colbert county his occupation

6. Mother's Maiden Name sailer no 33 stockholn dr

7. Mother's Birthplace attension by Leah cornish midwife

8. Full Name of Father 216 warner st first one

9. Father's Occupation i ever attended her with

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10917 1/2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* April 17 1876

4. *Place of Birth (Street and Number)* Eagle St 112

5. *Full Name of Mother* Maggie Hodgins

6. *Mother's Maiden Name* Maggie Peters

7. *Mother's Birthplace* Black Delaware.

8. *Full Name of Father* Charles Hodgins

9. *Father's Occupation* Steamship Cook.

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm Magee

Address 151 E Lombard Balt.

Remarks

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Vest Record of Vital Statistics of the City of Baltimore.

10913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	17 April 1876
4. Place of Birth (Street and Number)	112 Sterling Street
5. Full Name of Mother	Nancy Robinson
6. Mother's Maiden Name	—
7. Mother's Birthplace	Spring Hill
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Routzahn Williams,
Address	112 Hanover Street
Remarks	Mother Lives Spring Hill

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Penalty Records of Vital Statistics

10919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17. 1876
4. Place of Birth (Street and Number)	32 Constitution St.
5. Full Name of Mother	Catherine Mackaton,
6. Mother's Maiden Name	Catherine Lloyd
7. Mother's Birthplace	Maryland
8. Full Name of Father	Clarence Henry Mackaton,
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	S. M. Hench
Address	75 E. Baltimore St.
Remarks	

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rect Record of Vital Statistics in the City of Baltimore.

MISSING

#10920

10921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
26
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Jahrino
1. Sex (state whether Male or Female)	2 Knabin Lavat in Civil Stazt
2. Race or Color (if not of the white race)	Weiß
3. Date of Birth	Jahorin den 17 April 1876
4. Place of Birth (Street and Number)	Langgasse 57 No: 97
5. Full Name of Mother	Josefa Kraiskaska
6. Mother's Maiden Name	Josefa Jenzl Bosnien
7. Mother's Birthplace	Lazogrid
8. Full Name of Father	Franz Jenzel
9. Father's Occupation	Fischmeister
10. Father's Birthplace	Kukanen
Name of Medical Attendant, or other Person who makes this Return.	Franzin Wenzl Bon Nr. 248.
Address	
Remarks	

Baltimorea den 25ten April 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10922

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 April
4. *Place of Birth (Street and Number)* 56 South Bond Street
5. *Full Name of Mother* Mary Moran
6. *Mother's Maiden Name* Mary Welley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Moran
9. *Father's Occupation* Meatcarright
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Sumner

Address No 90 Greenby Street

Remarks

RETURN OF A BIRTH.

10923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th April 1876
4. Place of Birth (Street and Number)	20 Fountain St
5. Full Name of Mother	Caroline Ziegler
6. Mother's Maiden Name	Ziegler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Ziegler
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Goelzke
Address	(55 South Bond St)
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1092.11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17th 1876
4. Place of Birth (Street and Number)	63 Millington Stree
5. Full Name of Mother	Rosella Steer
6. Mother's Maiden Name	Rosella Jones
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Edmond Steer
9. Father's Occupation	Hostler
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Amanda Jeanine
Address	327 E. Monument St
Remarks	

RETURN OF A BIRTH.

10925

HEALTH DEPARTMENT
APR
22
1976
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Wife Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 17th April

4. Place of Birth (Street and Number) Baltimore 331 N. Lombard St

5. Full Name of Mother Anne R. Stumbler

6. Mother's Maiden Name Eastley

7. Mother's Birthplace Baltimore

8. Full Name of Father Nicholas Stumbler

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodman

Address Nicholas Stumbler 331 N. Lombard St

Remarks No Cards

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* april 17 6
4. *Place of Birth (Street and Number)* near St 134
5. *Full Name of Mother* Mary Ann Henry
6. *Mother's Maiden Name* Scott
7. *Mother's Birthplace* Harford County Maryland
8. *Full Name of Father* Richard Henry
9. *Father's Occupation* Waiter
10. *Father's Birthplace* ~~Unknown~~ State of Delaware

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Stark

Address Crosby No 3 Baltimore md

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth April 17th 26

4. Place of Birth (Street and Number) 351 Lexington St

5. Full Name of Mother Mary E Oconnor

6. Mother's Maiden Name Nowan

7. Mother's Birthplace Balto City

8. Full Name of Father D A Oconnor

9. Father's Occupation Printer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. D Kenney

Address 76 S Paca St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 1876
4. *Place of Birth (Street and Number)* No 860 W Pratt St
5. *Full Name of Mother* Augusta Dabrasky
6. *Mother's Maiden Name* Augusta Schmeltz
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Leo Dabrasky
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunter

Address No 60 N. Schroeder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 18 1876
4. *Place of Birth (Street and Number)* Baltimore No 93 Oxford St
5. *Full Name of Mother* Isabella Watkins
6. *Mother's Maiden Name* Lincoln
7. *Mother's Birthplace* Montgomery Co Md
8. *Full Name of Father* George Watkins
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Howard County

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address 83 Oxford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* April 18 1876
4. *Place of Birth (Street and Number)* Holland St 12
5. *Full Name of Mother* Barbara Pepplen
6. *Mother's Maiden Name* " Beithaupt
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Pepplen
9. *Father's Occupation* Trunkmaker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm Bellis

Address 48 Holland St Baltimore City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

10931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 Sick.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 18th
4. Place of Birth (Street and Number)	17 Vine St.
5. Full Name of Mother	Ellen Handy
6. Mother's Maiden Name	Ellen Mathews
7. Mother's Birthplace	Towcester — Wood
8. Full Name of Father	Thomas Handy
9. Father's Occupation	Waiter
10. Father's Birthplace	Towcester Wood
Name of Medical Attendant, or other Person who makes this Return.	Dr. S. D. Parkinson
Address	17 Vine St.
Remarks	Child delivered by Midwife in absence of regular physician.

rect Record of Vital Statistics in the City of Baltimore.

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11932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 18th 1876
4. *Place of Birth (Street and Number)* 9 Camden St.
5. *Full Name of Mother* Mary F. Lane
6. *Mother's Maiden Name* Mary F. Boyd
7. *Mother's Birthplace* Columbia S.C.
8. *Full Name of Father* — Lane
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Wennebergen

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* April 18th 1876.
4. *Place of Birth (Street and Number)* 52 S. Fulton Ave.
5. *Full Name of Mother* Kate Kenny.
6. *Mother's Maiden Name* Kate Speight.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John F. Kenny
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John J. F. Kenny M.D

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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Peer Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

110931

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April. 18th /76.
4. Place of Birth (Street and Number)	Harrison st No. 402
5. Full Name of Mother	Anny Seipert.
6. Mother's Maiden Name	Anny Kniesiem
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Fred. Seipert.
9. Father's Occupation	Farmer
10. Father's Birthplace	Hessen Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt.
Address	Midwife
Remarks	320 Allice Anna st.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child, April 18th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 18th
4. Place of Birth (Street and Number)	Fayette St. No. 220
5. Full Name of Mother	Wed Martin Schneider
6. Mother's Maiden Name	Henrietta Hessler
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Martin Schneider
9. Father's Occupation	Signor Merchant.
10. Father's Birthplace	Europe Frankfort
Name of Medical Attendant, or other Person who makes this Return.	Magdalena Summerfeld Midwife
Address	[illegible] Fayette St
Remarks	

10936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18th of April 76
4. *Place of Birth* (Street and Number) 224 Eutaw St.
5. *Full Name of Mother* Margaretha Cramer
6. *Mother's Maiden Name* Schmith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Cramer
9. *Father's Occupation* Tavern Keeper
10. *Father's Birthplace* Norden Hannover

Name of Medical Attendant, or other Person who makes this Return. F. Feathers, MD

Address 275 S. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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10937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Jerome M.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 18th 1876.
4. Place of Birth (Street and Number)	80 n. Eutaw St.
5. Full Name of Mother	Louisa Lissauer
6. Mother's Maiden Name	L. Wiener
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Moritz Lissauer
9. Father's Occupation	Jeweller
10. Father's Birthplace	Bamberg Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Paca St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Records of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

10938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1918 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 18 of April

4. *Place of Birth (Street and Number)* Corner Pratt & Payson Sts

5. *Full Name of Mother* Martha Thun

6. *Mother's Maiden Name* Hahner

7. *Mother's Birthplace* Gotthardt Grandfather

8. *Full Name of Father* Franz Thun

9. *Father's Occupation* Sailor Grocer. Pratt Pays or

10. *Father's Birthplace* Obermaschel. Bavaria

Name of Medical Attendant, or other Person who makes this Return. Anna Lindsley

Address 45 Monroe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (~~*state whether Male or Female*~~) Male

2. *Race or Color* (~~*if not of the*~~ *white race*) White

3. *Date of Birth* April 18th 1876.

4. *Place of Birth* (*Street and Number*) No 11 Ettinge St

5. *Full Name of Mother* Eliz. M. Fairall,

6. *Mother's Maiden Name* Eliz. M. Banks,

7. *Mother's Birthplace* Balto City.

8. *Full Name of Father* Geo. E. Fairall,

9. *Father's Occupation* Machinist,

10. *Father's Birthplace* Balto City.

Name of Medical Attendant, or other Person who makes this Return. John I. A. Wroe M.D.

Address

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

10940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 18 6
4. *Place of Birth (Street and Number)* 224 S. Ann St
5. *Full Name of Mother* Magi Cramer
6. *Mother's Maiden Name* " Bishop
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Cramer
9. *Father's Occupation* Liquor ~~Dealer~~ Händler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Reg'n A Heidkoye

Address No 289 S. Bond St

Remarks

10941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* April 18
4. *Place of Birth* (Street and Number) No 246 Eliza town St
5. *Full Name of Mother* Auguste Dietzen
6. *Mother's Maiden Name* Gerlach
7. *Mother's Birthplace* Oldendorf
8. *Full Name of Father* & August Dietzen
9. *Father's Occupation* Labor
10. *Father's Birthplace* Hessen

Name of Medical Attendant, or other Person who makes this Return. Virginia Heidlage

Address No 289 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

10942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	18 of April
4. Place of Birth (Street and Number)	Baltimore St. No 84.
5. Full Name of Mother	Rosse ginkkam
6. Mother's Maiden Name	Rosse Shiller
7. Mother's Birthplace	Hanb in germeny
8. Full Name of Father	Miggel ginkkam
9. Father's Occupation	Kupper
10. Father's Birthplace	Hanb in germeny
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics of the City of Baltimore.

10943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	american
3. Date of Birth	April 19th 1876
4. Place of Birth (Street and Number)	Bond St 261
5. Full Name of Mother	Heathmine Shubling
6. Mother's Maiden Name	" " Engel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Shubling
9. Father's Occupation	Cart Driver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulhig
Address	48 Holland St Balto City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

10920
10911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	April 17th 1876.
4. *Place of Birth* (Street and Number)	26 Lexington Street
5. *Full Name of Mother*	Louisa Krebs
6. *Mother's Maiden Name*	L. Lobenhal
7. *Mother's Birthplace*	Saxon Germany
8. *Full Name of Father*	M. Krebs
9. *Father's Occupation*	Tavern Keeper
10. *Father's Birthplace*	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	36 East Stad.
Remarks	

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Fee Record of Vital Statistics in the City of Baltimore.

10915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	~~Male~~ Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13. 1896
4. Place of Birth (Street and Number)	63 Stirling St.
5. Full Name of Mother	Elizabeth G. Watkins
6. Mother's Maiden Name	Elizabeth G. Riley
7. Mother's Birthplace	Ohio,
8. Full Name of Father	Nicholas A. Watkins,
9. Father's Occupation	Clerk,
10. Father's Birthplace	Maryland,
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hanck M.D.
Address	75 E. Balto. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 6 1876

4. *Place of Birth* (Street and Number) No 296 Mulberry St

5. *Full Name of Mother* Emily J O'Hara

6. *Mother's Maiden Name* Mackenkammer

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* John O'Hara

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm Keenan M.D

Address 89 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10th 1876
4. Place of Birth (Street and Number)	935 N Paca St
5. Full Name of Mother	Fannie Meyer
6. Mother's Maiden Name	Fannie Rio
7. Mother's Birthplace	Canton, Baltimore Co Md
8. Full Name of Father	Chas F Meyer
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Legeler M.D.
Address	1st Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 8 45 A.M. Girl 1876
4. *Place of Birth (Street and Number)* 274 E. Pratt St.
5. *Full Name of Mother* Sarah E. Connell
6. *Mother's Maiden Name* Sarah Conway
7. *Mother's Birthplace* County Down Ireland
8. *Full Name of Father* Thomas E. Connell
9. *Father's Occupation* Leather Dealer
10. *Father's Birthplace* Limerick Co Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnell M.D.

Address 299 E. Balto St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
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1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 1876
4. Place of Birth (Street and Number)	Patterson Lane
5. Full Name of Mother	Caroline Bridget Phelps
6. Mother's Maiden Name	Ledoyen
7. Mother's Birthplace	Norfolk Va.
8. Full Name of Father	John Phelps
9. Father's Occupation	R. R. Employee
10. Father's Birthplace	Howard Co.
Name of Medical Attendant, or other Person who makes this Return.	William H. Mussey M. D.
Address	No. 10 N. Caring St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19. 1876
4. Place of Birth (Stree and Number)	Cross Ay. No 443.
5. Full Name of Mother	Augusta Heltmann
6. Mother's Maiden Name	Louise Ress
7. Mother's Birthplace	New York
8. Full Name of Father	J. B. A. Heltmann
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	O. L. Baldenbrun
Address	No 116. Columbia Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 17 April

4. Place of Birth (Street and Number) 93 Eliot first house

5. Full Name of Mother Elizabeth Dorn

6. Mother's Maiden Name Elizabeth Hoops

7. Mother's Birthplace Germany

8. Full Name of Father Jacob Dorn

9. Father's Occupation Police Officer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Sarah E Seybert

Address 104 Bowly's Lane

Remarks

RETURN OF A BIRTH.

10952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Colord Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* of the Colord race
3. *Date of Birth* born April the 19-18-76
4. *Place of Birth (Street and Number)* Oakham St 010 12
5. *Full Name of Mother* mary Johnson
6. *Mother's Maiden Name* Mary gray
7. *Mother's Birthplace* Calbert County Md
8. *Full Name of Father* Francis Johnson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Mass Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Lewinda Twelford

Address Rogester St 130

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17 1876
4. *Place of Birth (Street and Number)* No 224 S. Bond St. Balto
5. *Full Name of Mother* Mrs. Schuckhardt
6. *Mother's Maiden Name* Mrs Einlein
7. *Mother's Birthplace* Hanover Germany
8. *Full Name of Father* George Schuckhardt
9. *Father's Occupation* Painter
10. *Father's Birthplace* Hesse Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. J. Bull

Address No 207 Monument St. Cor Central Avenue Balto

Remarks All well.

10951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 h

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Apr. 19th 1876

4. Place of Birth (Street and Number) 4th — Kirby st.

5. Full Name of Mother Hester Bucktole Brugeman

6. Mother's Maiden Name Kent Co. Md.

7. Mother's Birthplace James Barrole

8. Full Name of Father Porter

9. Father's Occupation Kent Co. Md.

10. Father's Birthplace J. Gutman

Name of Medical Attendant, or other Person who makes this Return. 172 Saratoga st.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 19th 1876

4. *Place of Birth* (Street and Number) N 232 Lanvale St

5. *Full Name of Mother* Mary Frances Boucher

6. *Mother's Maiden Name* Mary Frances Giles

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Boucher Jr

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Statistics in the City of Baltimore.

...ther person in charge, who shall attend, assist, or ...Baltimore, shall report to the registrar aforesaid, ...e of birth, sex, and color of the child or children ...born or not, the full name, nativity, and residence ...of such child or children

RETURN OF A BIRTH.

10956

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19th April
4. *Place of Birth* (Street and Number) On Townsend & Wolfe
5. *Full Name of Mother* Lonny C. Shelley
6. *Mother's Maiden Name* Lonny C. Youngman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John R. Shelley
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 150 Townsend St

Remarks

10957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 19th 1876.
4. Place of Birth (Street and Number)	52 Poppleton Street.
5. Full Name of Mother	Anna Hucksoll
6. Mother's Maiden Name	A. Harlobe
7. Mother's Birthplace	Prussian.
8. Full Name of Father	J. Hucksoll
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	56 Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
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BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 19"
4. Place of Birth (Street and Number)	No 3 Thames Street
5. Full Name of Mother	Annie E Cook
6. Mother's Maiden Name	" " Bosman
7. Mother's Birthplace	Somerset County Md
8. Full Name of Father	Frank R Cook
9. Father's Occupation	Watchman B & O R R
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Shreeve
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1876
4. Place of Birth (Street and Number)	367 N. Stricker St
5. Full Name of Mother	Sarah E. Dunnett
6. Mother's Maiden Name	Sarah E. Hesh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H Dunnett
9. Father's Occupation	Plumber
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St Corner of Green
Remarks	Child Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* ~~March~~ 19
4. *Place of Birth (Street and Number)* nine 223
5. *Full Name of Mother* Lelle Grand
6. *Mother's Maiden Name* Lelle Lirico
7. *Mother's Birthplace* Said marj co Maryland
8. *Full Name of Father* Jhon C Grazam
9. *Father's Occupation* Whit Whaser
10. *Father's Birthplace* Carl county

Name of Medical Attendant, or other Person who makes this Return Charles Wburn

Address 253 W Lemburg St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 9
4. *Place of Birth* (Street and Number) 240 Roberts St
5. *Full Name of Mother* Mary Eliza Jayne
6. *Mother's Maiden Name* Mary Eliza White
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* William Henry Jayne
9. *Father's Occupation* Waiter
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Rhulet Mann

Address 252 Roberts St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 9th 1876
4. Place of Birth (Street and Number)	Cor Fayette & Pine
5. Full Name of Mother	Louise Chadwick
6. Mother's Maiden Name	Louise Smith
7. Mother's Birthplace	Boston Mass
8. Full Name of Father	Clinton S. Chadwick
9. Father's Occupation	— Out of business not in any
10. Father's Birthplace	Lynn fied Mass.
Name of Medical Attendant, or other Person who makes this Return.	Miss Jane Dunsberger
Address	No 23 So Liberty St.
Remarks	Not residents of this city only here for a few weeks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10963.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15. 1876
4. Place of Birth (Street and Number)	522 Cathedral St
5. Full Name of Mother	Abigail Emerine
6. Mother's Maiden Name	Abbott Snyder
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Emerine
9. Father's Occupation	Coachman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. H. F. Ball
Address	No 209 Monument St. Cor. Central Avenue Balto.
Remarks	All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

109611

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 1876
4. Place of Birth (Street and Number)	127 S Exeter
5. Full Name of Mother	Margt E Everett
6. Mother's Maiden Name	Margt Snyder
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John E Everett
9. Father's Occupation	Mariner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Robt L Bull
Address	No 207 Monument St Cor Central Ave Baltimore
Remarks	All Well

10965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
5
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 76
4. Place of Birth (Street and Number)	23. N. Mount Pleasant
5. Full Name of Mother	Armenta M. Amack
6. Mother's Maiden Name	Armenta M Moulton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John J Amack
9. Father's Occupation	Clerk.
10. Father's Birthplace	Washington DC
Name of Medical Attendant, or other Person who makes this Return.	A Hastings MD
Address	523 Lexington
Remarks	

Extract from Registration Law of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 1876
4. Place of Birth (Street and Number)	No 220 S Paca St
5. Full Name of Mother	P. A. O. Little
6. Mother's Maiden Name	P A O Forsyth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christopher C Little
9. Father's Occupation	Mechanic
10. Father's Birthplace	Cecil Co, Md
Name of Medical Attendant, or other Person who makes this Return.	E. A. Gaccione M D
Address	220 S. Paca St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or ~~Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 19—1876—
4. *Place of Birth* (Street and Number) 27 King St
5. *Full Name of Mother* Alice M. Mullen
6. *Mother's Maiden Name* — Hanaway
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm F. Mullen
9. *Father's Occupation* Carpenter by trade
10. *Father's Birthplace* County Derry Ireland

Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M.D.

Address 290 Madison ave —

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April th 20 1876
4. *Place of Birth (Street and Number)* Baltimore 335 Hoffman st
5. *Full Name of Mother* Mary Storey
6. *Mother's Maiden Name* Mary Stokes
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* James Storey
9. *Father's Occupation* /
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester & Bradley Drs

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	April 20 1876
4. Place of Birth (Street and Number)	96 York st
5. Full Name of Mother	Mary Dougherty
6. Mother's Maiden Name	Mary Mc Hugh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Dougherty
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster M D
Address	59 Barnes st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10970
10971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female 1
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 April 1876
4. *Place of Birth (Street and Number)* Bolton Ave
5. *Full Name of Mother* Catharina Hesselmeyer
6. *Mother's Maiden Name* Catharina Gunther
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Gunther
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Killgail

Address 182 E Monument Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th 76.
4. Place of Birth (Street and Number)	Rhoadera alley No. 200
5. Full Name of Mother	Lydia Schultz.
6. Mother's Maiden Name	Heinburg
7. Mother's Birthplace	Prussia. Germ.
8. Full Name of Father	John Schultz.
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Allice Anna st.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Sect Record of Vital Statistics

1097.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20th 1876
4. *Place of Birth (Street and Number)* 44 Bureau St
5. *Full Name of Mother* Catharine Hanlan
6. *Mother's Maiden Name* " Deuer
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Hanlan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A Christmer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

10974

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 20 April
4. *Place of Birth* (Street and Number) 30 Barney St.
5. *Full Name of Mother* Chr. Kozicka
6. *Mother's Maiden Name* Kozicka
7. *Mother's Birthplace* Wotitz Bohemia
8. *Full Name of Father* Wm. Kozicka
9. *Father's Occupation* Schoemacker
10. *Father's Birthplace* Wotitz Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 1702 E Baltimore St

Remarks

RETURN OF A BIRTH.

10975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male ~~or Female~~)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	May 10th 76
4. Place of Birth (Street and Number)	19 E Fremont St
5. Full Name of Mother	Annie Eifert
6. Mother's Maiden Name	Wert
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Eifert
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M Hennessy
Address	76 E Pacca st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. Sex (*~~state whether~~ Male ~~or Female~~*)

2. Race or Color (*~~if not of the~~ white race*)

3. Date of Birth April 20th 1876.

4. Place of Birth (*Street and Number*) No 104 N. Eden st Balto Md

5. Full Name of Mother Mary Elizabeth Margury

6. Mother's Maiden Name " "

7. Mother's Birthplace Balto Maryland

8. Full Name of Father E. D Margury D.D.S.

9. Father's Occupation Dentistry

10. Father's Birthplace St Johns Porto-Rico Island

Name of Medical Attendant, or other Person who makes this Return. D. J Ridgway Attd M D

Address No 121 E Balto st Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10974

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* April 20th 1876.
4. *Place of Birth* (Street and Number) 135 Hamburg.
5. *Full Name of Mother* Catherine Berry.
6. *Mother's Maiden Name* Catherine Dietz.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* William H Berry.
9. *Father's Occupation* Merch.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
25
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	March April 20
4. Place of Birth (Street and Number)	285 madon st
5. Full Name of Mother	Ferand Jasan
6. Mother's Maiden Name	Jasan
7. Mother's Birthplace	Cambridge
8. Full Name of Father	Geary Gray
9. Father's Occupation	Color
10. Father's Birthplace	Richmand
Name of Medical Attendant, or other Person who makes this Return.	Maryand Maywood
Address	221 Mulliken's
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Color
3. *Date of Birth* 25 [redacted] 20 April
4. *Place of Birth* (Street and Number) 195 Mulberry St
5. *Full Name of Mother* Lucy Avery
6. *Mother's Maiden Name* Lucy Dupton
7. *Mother's Birthplace* Cambridge
8. *Full Name of Father* Henry Avery
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dorchester

Name of Medical Attendant, or other Person who makes this Return. Maryland Haywood

Address 921 Mulberry

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh,

1. *Sex (state whether Male or Female)* Baby,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* April 20. 1876,
4. *Place of Birth (Street and Number)* No. 262 S. Ann St,
5. *Full Name of Mother* Eliza Vecka,
6. *Mother's Maiden Name* Eliza O'Connor,
7. *Mother's Birthplace* Ireland,
8. *Full Name of Father* Antonia Vecka,
9. *Father's Occupation* Sailor,
10. *Father's Birthplace* Greece,

Name of Medical Attendant, or other Person who makes this Return. Jno. J. Sullivan, M.D.

Address No. 116 Thames St,

Remarks

Direct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
26
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 20. 1876
4. Place of Birth (Street and Number)	Frederick Road
5. Full Name of Mother	Laura Fairbanks
6. Mother's Maiden Name	Laura Black
7. Mother's Birthplace	Balt.
8. Full Name of Father	— Fairbanks
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. Whilton
Address	251 Mad. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 20th
4. Place of Birth (Street and Number)	No 8 north amitzt
5. Full Name of Mother	Hannah Dunlay
6. Mother's Maiden Name	Hannah kenny
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Dunlay
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunlay
Address	60 N. Jefferson
Remarks	

10988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th 1876
4. Place of Birth (Street and Number)	No. 116 Argyle Avenue
5. Full Name of Mother	Maria Reynolds
6. Mother's Maiden Name	Maria Hart
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Reynolds
9. Father's Occupation	House Shoer
10. Father's Birthplace	Howard County Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M.D.
Address	No. 70 Center St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	A
3. Date of Birth	April 20th 1876
4. Place of Birth (Street and Number)	284 W.c Lamaigne St
5. Full Name of Mother	Isabella Sweet
6. Mother's Maiden Name	" Taylor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles A Sweet
9. Father's Occupation	New York
10. Father's Birthplace	Shoemaker
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mitchell
Address	186 W Lamaigne St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apl 20 1876
4. *Place of Birth (Street and Number)* Dover St No 18
5. *Full Name of Mother* Anni Mitchel
6. *Mother's Maiden Name* Anni Lannihan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jones Mitchel
9. *Father's Occupation* Molder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 29 Monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 20th 1876
4. Place of Birth (Street and Number)	No 250 Alice Ann str
5. Full Name of Mother	Rosina Mueller
6. Mother's Maiden Name	" Schermer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Mueller
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	1211 Bank str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* April 20th 1876
4. *Place of Birth (Street and Number)* Wales St # 12
5. *Full Name of Mother* Annie Burkhing
6. *Mother's Maiden Name* " Eitemann
7. *Mother's Birthplace* Hanover Germ'y
8. *Full Name of Father* August Burkhing
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Hanover Germ'y

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nellig

Address 48 Holland St Balto City

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20. 1876
4. Place of Birth (Street and Number)	* 50 N. Exeter St.
5. Full Name of Mother	Alice V. Tyler
6. Mother's Maiden Name	" " Norris
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jno. E. Tyler
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	* 303 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Männlich
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	20 April
4. Place of Birth (Street and Number)	96 Lardenfeldstrasse
5. Full Name of Mother	Karoline Wolf
6. Mother's Maiden Name	K Fischer
7. Mother's Birthplace	Deutschland
8. Full Name of Father	Christian Wolf
9. Father's Occupation	Schneider
10. Father's Birthplace	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Katharina Münch
Address	74 Lardenfeldstrasse
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10990

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21st
4. Place of Birth (Street and Number)	Baltimore York Street No 111
5. Full Name of Mother	Jane Mc. Goverin
6. Mother's Maiden Name	" Queen
7. Mother's Birthplace	Scotland
8. Full Name of Father	Thomas Mc. Goverin
9. Father's Occupation	~~County Leitrim Ireland~~ Plasterer
10. Father's Birthplace	County Leatrim Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sr. Elizabeth Scarborough
Address	No 236 Montgomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 Lobuly

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* twelve o clock Sadday April 21 1876
4. *Place of Birth (Street and Number)* 1713 Washington St
5. *Full Name of Mother* Mary E Brown
6. *Mother's Maiden Name* Mary E parker
7. *Mother's Birthplace* Virginny
8. *Full Name of Father* george W Brown
9. *Father's Occupation* Barber
10. *Father's Birthplace* Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Elizbeth Mindowney

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 21 '76
4. *Place of Birth (Street and Number)* S. Central avenue No 110
5. *Full Name of Mother* Bridget Ryan
6. *Mother's Maiden Name* Daley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Ryan
9. *Father's Occupation* Gardener
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John Nevin M.D.

Address 5 Franklin

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 21 st. 8 45/60 P.M. 1876
4. *Place of Birth* (Street and Number) 12 S. Dallas
5. *Full Name of Mother* Joeanna Berry
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Very doubtful as regards Fathers name
9. *Father's Occupation* —
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. James E Divinelle M D

Address 399 E Baltimore St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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10994.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl 21- 1876.
4. Place of Birth (Street and Number)	282. E. Baltimore St
5. Full Name of Mother	Keturah V Watts
6. Mother's Maiden Name	Keturah V. Fairbanks
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John W. Watts
9. Father's Occupation	Druggist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville Rusk. M.D.
Address	Cor. Baltimore & Washington Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 21st 1876 5¼ P. M.
4. *Place of Birth* (Street and Number) 24 St. Dallas
5. *Full Name of Mother* Mary Frances Leighton
6. *Mother's Maiden Name* Mary Frances Buchanan
7. *Mother's Birthplace* Somerset Co. Md
8. *Full Name of Father* Theodore Leighton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 2996 Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

10996

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21st 1876
4. Place of Birth (Street and Number)	No 145 N. Paca St.
5. Full Name of Mother	Ellen Schaeffer Rembold
6. Mother's Maiden Name	Ellen Schaeffer Nellis
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Edward N. Rembold
9. Father's Occupation	Captain — British Army —
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Reffin Bucken M.D.
Address	13 E. Chas St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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10997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21. 1876
4. Place of Birth (Street and Number)	Lexington st near Fulton
5. Full Name of Mother	Mary Aiken
6. Mother's Maiden Name	Woolverton
7. Mother's Birthplace	Balt
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	W R Hall
Address	581 Lexington st
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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10998

1

RETURN OF A BIRTH.

[redacted]

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* April 21st 1876

4. *Place of Birth* (Street and Number) 282 E. Balt. St.

5. *Full Name of Mother* Kate V. Watts

6. *Mother's Maiden Name* Kate V. Fairbanks

7. *Mother's Birthplace* Balt. Md.

8. *Full Name of Father* John N. Watts

9. *Father's Occupation* Druggist

10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville. Rust M.D.

Address Balt. Md.

Remarks ~~Boston~~

Shall you furnish Dr G. Glanville Rust with stamps and envelopes so that he will not compel his patients to supply them

J. N. Watts

HEALTH DEPT
APR
29
1876
BALTIMORE.

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eight children.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21st 11
4. *Place of Birth (Street and Number)* East Baltimore, 173 S. Bond St.
5. *Full Name of Mother* Julia Kaiser
6. *Mother's Maiden Name* Julia Sittner
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* Conrad Kaiser
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Hessen.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bendel

Address C/o 208 South Bond St

Remarks

Register of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11,000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 21st 1876
4. *Place of Birth* (Street and Number)	123 Sterling St.
5. *Full Name of Mother*	Mary E. Douglass
6. *Mother's Maiden Name*	Mary E. Coleese
7. *Mother's Birthplace*	County Farmanah Ireland
8. *Full Name of Father*	Joseph P. Douglass
9. *Father's Occupation*	Bank Dealer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11001

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth 2nd April.

4. Place of Birth (Street and Number) 26 Chapel St.

5. Full Name of Mother B. Wilczinsky.

6. Mother's Maiden Name Schindler

7. Mother's Birthplace Pardubitz Bohemia.

8. Full Name of Father F. Jaun.

9. Father's Occupation Tailor

10. Father's Birthplace Pardubitz - Bohemia.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 120 Barnes St

Remarks

11002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2-
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr 2 1876
4. Place of Birth (Street and Number)	335 N Franklin
5. Full Name of Mother	Mary D. Miller
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Portsmouth Va
8. Full Name of Father (Twins)	Innis D. Miller
9. Father's Occupation	Plasterer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Earnshaw
Address	819 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1100.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21. 1876
4. Place of Birth (Street and Number)	# 270 W. Bond St.
5. Full Name of Mother	Sophia L. Meaner
6. Mother's Maiden Name	" " McSpersmith
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Henry Meaner
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 W. Baroline
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children born, its or their physical condition, whether still born or

11004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21st 1876.
4. Place of Birth (Street and Number)	10 0 Washington st
5. Full Name of Mother	Mary Buschman
6. Mother's Maiden Name	" Ego
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Buschman
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell Md
Address	154 Exeter st
Remarks	

Extract from Ordinance Requiring the Return and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 21st 1876.
4. *Place of Birth (Street and Number)* 24. Golden Street,
5. *Full Name of Mother* Annie Carling Lemmon
6. *Mother's Maiden Name* Annie Carlin Lemmon
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* William Lemmon
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Chas A Brune.

Address 114 Battery Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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11006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 22 1876

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 21st 1876.
4. *Place of Birth (Street and Number)* No 305 Eastern Ave.
5. *Full Name of Mother* Louisa Rose.
6. *Mother's Maiden Name* Louisa Simmer.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Charles Rose.
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smead.

Address No 137 S. Wolfe St.

Remarks

11007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~24 Eager St~~ April 21st 1876
4. *Place of Birth (Street and Number)* 24 Eager St
5. *Full Name of Mother* Jane Ross
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas J. Ross
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Ursula V. Christmer

Address 129 E Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11008

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* April 21st 1876.
4. *Place of Birth* (Street and Number) #511 Light St.
5. *Full Name of Mother* Mary Mullineaux.
6. *Mother's Maiden Name* Smith.
7. *Mother's Birthplace* Howard County, Md.
8. *Full Name of Father.* Zechariah Mullineaux.
9. *Father's Occupation* Fireman, B.O. P-W.
10. *Father's Birthplace* Howard County Md.

Name of Medical Attendant, or other Person who makes this Return. J. W. White M.D.

Address #845 W. Baltimore St.

Remarks Child Healthy.

Register Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 22nd 1876
4. Place of Birth (Street and Number)	No 187 Canton ave
5. Full Name of Mother	Emma Wollenslager
6. Mother's Maiden Name	" Moulder
7. Mother's Birthplace	City
8. Full Name of Father	Edward Wollenslager
9. Father's Occupation	Grocer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11010

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April the 22 1876
4. Place of Birth (Street and Number)	Baltimore
5. Full Name of Mother	francis Hall
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. H. inas Hall
9. Father's Occupation	
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hester Bordley Dr
Address	84 orchard Street
Remarks	

11011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22nd 1876
4. *Place of Birth (Street and Number)* No 279 Hay st
5. *Full Name of Mother* Anna Wh Mitch
6. *Mother's Maiden Name* Anna Kellow
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Aug. Wm Mitch
9. *Father's Occupation* Sugar
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegas

Address 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Forth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 22/76.
4. Place of Birth (Street and Number)	York St # 56.
5. Full Name of Mother	Anna Mullen
6. Mother's Maiden Name	" Handman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Mullen
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Kool
Address	328 South Eutaw St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	22 April 76.
4. Place of Birth (Street and Number)	19 Brown St.
5. Full Name of Mother	Eliza Schneellenberger
6. Mother's Maiden Name	" Steinberger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Schneellenberger
9. Father's Occupation	Day Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopka
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

110111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
22
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22
4. Place of Birth (Street and Number)	Baltimore. Montgomery Street No. 153
5. Full Name of Mother	Rebecca Hoffman
6. Mother's Maiden Name	" Shone
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Hoffman
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 236 Montgomery Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22nd 1876
4. Place of Birth (Street and Number)	181 Lee St
5. Full Name of Mother	Maggie E Kenny
6. Mother's Maiden Name	Maggie E Martin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William E Kenny
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs J. Wennebergen
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April. 22
4. Place of Birth (Street and Number)	Bradford Alley n: 7
5. Full Name of Mother	Lizzie Wolff
6. Mother's Maiden Name	Schuelbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johan Wolff
9. Father's Occupation	Workingman
10. Father's Birthplace	Kantbaechhofen (Bayern)
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft.
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 25 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22nd 1876
4. *Place of Birth (Street and Number)* 974 Eager St
5. *Full Name of Mother* Bridget Hamilton
6. *Mother's Maiden Name* Hawkins
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Hamilton
9. *Father's Occupation* Night Man & Cellar Digger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Christmas

Address 129 E Monument St

Remarks

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 22nd " 1876.
4. Place of Birth (Street and Number)	144 N. Augusta St
5. Full Name of Mother	Catharine E. Walker
6. Mother's Maiden Name	" " Williams
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Wm. J. Walker
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Balt Md.
Name of Medical Attendant, or other Person who makes this Return.	R. Glanville, Rush Hos
Address	Balt. & Wash. Rds.
Remarks	Natural.

Extracts from Regulations of the Board of Health relative to the Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child No. 6. Second Male
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22nd 1876
4. Place of Birth (Street and Number)	197 Montgomery St.
5. Full Name of Mother	Marie Liese Gellier
6. Mother's Maiden Name	Marie Liese Ehhart
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jno. F. Charles Gellier
9. Father's Occupation	Laborer
10. Father's Birthplace	Germanine
Name of Medical Attendant, or other Person who makes this Return.	
Address	Jno. F. Charles Gellier 197 Montgomery St.
Remarks	

Magdalana Summerfield
Corner Pearl & Fayette

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 22

4. Place of Birth (Street and Number) No 95 Fort st

5. Full Name of Mother Miss Minnie Cannon

6. Mother's Maiden Name " " " Unknown

7. Mother's Birthplace Baltimore

8. Full Name of Father Father unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

11021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23 1876
4. *Place of Birth (Street and Number)* 312 Hollins
5. *Full Name of Mother* Joanna Green
6. *Mother's Maiden Name* Secilan
7. *Mother's Birthplace* United States
8. *Full Name of Father* Charles E Green
9. *Father's Occupation* Don't know
10. *Father's Birthplace* United States

Name of Medical Attendant, or other Person who makes this Return. Wm M Kemp M D

Address 55 N. Greene St

Remarks The parties home is in Brooklyn N. Y. She came to Baltimore for accouchment at her sister's.

Extract from Ordinances in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth 29 of April

4. Place of Birth (Street and Number) West Lt. N. 82

5. Full Name of Mother Catherine Fortman

6. Mother's Maiden Name Catherine Uzuber

7. Mother's Birthplace Baltimore

8. Full Name of Father Bernard Fortman

9. Father's Occupation Baker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West Lt. N. 128

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	23 April at Morning
4. Place of Birth (Street and Number)	93 Schroeder Str. 16th.
5. Full Name of Mother	M. F. Katrina Heisl.
6. Mother's Maiden Name	Ernst.
7. Mother's Birthplace	Heben. Baiern, Germany
8. Full Name of Father	J. Henry Heisl.
9. Father's Occupation	Box Manufactory 13 Adrien Str.
10. Father's Birthplace	Lebanau, Hannover, Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunler.
Address	N. Schroeder Street
Remarks	

110214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 23rd 1886
4. Place of Birth (Street and Number)	Baltimore Ramsay st No. 178
5. Full Name of Mother	Mary Brady
6. Mother's Maiden Name	" Mercer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Brady
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 58 Parkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
27
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 23. 1876
4. Place of Birth (Street and Number)	413. N. Sticker St
5. Full Name of Mother	Maria Louisa Harper
6. Mother's Maiden Name	Maria Louisa Fitzpatrick
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thos Harper
9. Father's Occupation	Editor
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	A. Paisley MD
Address	454 N. Carey St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth April 23d 1876

4. Place of Birth (Street and Number) No 413. North Central Ave. Baltimore Md.

5. Full Name of Mother Katie C. Stymus

6. Mother's Maiden Name Katie C. Schaus

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father Peter C. Stymus

9. Father's Occupation Grocery and Ship Chandler

10. Father's Birthplace Bremerhaven, Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address No 40. E. Fayette St.

Remarks. She alive and healthy

Louisa Kurtz Stymus No 1071

Correct Record of Vital Statistics in the City of Baltimore.

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11027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Child
2. *Race or Color (if not of the white race),* White
3. *Date of Birth* 23 April
4. *Place of Birth (Street and Number)* 31 S. Chapel St.
5. *Full Name of Mother* Anna Kaber
6. *Mother's Maiden Name* Anna Kiefel
7. *Mother's Birthplace* Bamberg Bavaria
8. *Full Name of Father* Joseph Kaber
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. H. Leiderer

Address 23 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23
4. *Place of Birth (Street and Number)* 135 Eastern Ave / Eastern
5. *Full Name of Mother* Mary Schmick
6. *Mother's Maiden Name* Mary Shaner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Schmick
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Hessia

Name of Medical Attendant, or other Person who makes this Return. Wm Lederer

Address 208 Durham

Remarks

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11029

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 23d 1876
4. *Place of Birth* (Street and Number) N 133 W. Madison
5. *Full Name of Mother* Mary Teresa Dennges
6. *Mother's Maiden Name* Mary Teresa O'Farrell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alphonse Dennges
9. *Father's Occupation* Dyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. R. Shatard M.D

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 23rd 1876
4. Place of Birth (Street and Number)	No 52 S Castle str
5. Full Name of Mother	Mary Kaester
6. Mother's Maiden Name	" Dotzel
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm " William Kaester
9. Father's Occupation	Collector
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank str
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Regulations of the Board of Health of the City of Baltimore.

Extract from Ordinance of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics to be kept in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

110.31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 25 April 1876

4. Place of Birth (Street and Number) 108 Exeter st

5. Full Name of Mother Louisa Holdsworth

6. Mother's Maiden Name Weigel

7. Mother's Birthplace St Clairs County Illinois

8. Full Name of Father Henry Holdsworth

9. Father's Occupation Minister

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

11032

Eva

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

Name — Moses Ottenheimer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 23 April 1876

4. *Place of Birth (Street and Number)* 12 Lloyd st

5. *Full Name of Mother* Rachael Ottenheimer E

6. *Mother's Maiden Name* Felton

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Louis Ottenheimer E

9. *Father's Occupation* Cabinet

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas Casper

Address 52 E. Lombard st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	April 23d
4. Place of Birth (Street and Number)	No 11 Leloub St
5. Full Name of Mother	Carolina ~~Luck~~ Schmitt
6. Mother's Maiden Name	Carolina Luck
7. Mother's Birthplace	Himma Churhesse
8. Full Name of Father	Christian Schmitt
9. Father's Occupation	Tailor
10. Father's Birthplace	Eigelsdorf Grossherzog von Hessen
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M. Stone
Remarks	No 32 Lee Jenkins Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

110311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23rd 1876
4. *Place of Birth (Street and Number)* E. Lombard St. No 110
5. *Full Name of Mother* Mathilde Hermann
6. *Mother's Maiden Name* Mathilde Meier
7. *Mother's Birthplace* Gezern. Gr. Hessen. Germany
8. *Full Name of Father* Jnon Hermann
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Reinertz Th. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Myer E. Müller

Address N. Dallas St. No, 26

Remarks

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
APR
29
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 23, 1876
4. Place of Birth (Street and Number)	22 Constitution st
5. Full Name of Mother	Maggie Ford
6. Mother's Maiden Name	Maggie Roberts
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John T. Ford
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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(one)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

Name - Margaret F. Braney

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 23 1876
4. Place of Birth (Street and Number)	N 395 Eastern Av. F.P.
5. Full Name of Mother	Susan A. Mills Branen
6. Mother's Maiden Name	Susan A. Mills
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Thomas H. Branen
9. Father's Occupation	Iron Worker
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 E. Chapel St. F.P.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23rd 76
4. *Place of Birth (Street and Number)* 339 Hamburg St
5. *Full Name of Mother* Ann Eliza Brown
6. *Mother's Maiden Name* Berry
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George W Brown
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Kenney

Address 76 S Paca st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 23 April 1816.
4. *Place of Birth (Street and Number)* No. 100 Work St.
5. *Full Name of Mother* Fraderick Kodish.
6. *Mother's Maiden Name* Fraderick Stolz.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Kodish.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

Extract Regulations of the Board of Health relating to Returns and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	23d April 1876.
4. Place of Birth (Street and Number)	124 Fort Ave.
5. Full Name of Mother	Henreatta Watters.
6. Mother's Maiden Name	Henreatta Sabers.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	William Watters.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner.
Address	No. 29. Elizabeth Lane.
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 ~

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 23rd. dead
4. Place of Birth (Street and Number) 26 S. Caulle
5. Full Name of Mother Bridget Kane
6. Mother's Maiden Name Bridget Coleman
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Kane
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return James E Donnelly M.D

Address 299 E Baltimore St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 23
4. *Place of Birth (Street and Number)* No 119 S. Eteder St
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* " Griffin
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Smith
9. *Father's Occupation* Police of the ED
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks A Centennial Boy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11042

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 23 " 1876
4. *Place of Birth (Street and Number)* 266 N. Central Av.
5. *Full Name of Mother* Francisca Margareth Franz
6. *Mother's Maiden Name* " " Zacher
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Andreas Franz
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. F. G. Dauchert M.D.

Address 27 S. Broadway.

Remarks

Extract from Regulations of the Board of Health relating to Registration of Births and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Male child

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 13th April

4. *Place of Birth* (*Street and Number*) Northeastern Ave

5. *Full Name of Mother* —

6. *Mother's Maiden Name* Katharina

7. *Mother's Birthplace* Province of Hanover

8. *Full Name of Father* August Schmidt

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Berlin Prussia

Name of Medical Attendant, or other Person who makes this Return Anna Dimler

Address 60 N Schroeder

Remarks

Peter Kimmel 311 Mulberry St.

RETURN OF A BIRTH.

110111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April. 23d. 76.
4. *Place of Birth* (Street and Number)	Chesapeak st. No. 150
5. *Full Name of Mother*	Anna Lachman
6. *Mother's Maiden Name*	" Ebert.
7. *Mother's Birthplace*	Bayern Germ.
8. *Full Name of Father*	August Lachman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Hessen Germ
Name of Medical Attendant, or other Person who makes this Return.	Dr Hanna L. Schultz
Address	Physician 320 Allice Anna st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April 23d
4. *Place of Birth* (Street and Number) 59 Josephine & Ot
5. *Full Name of Mother* Martha Adams.
6. *Mother's Maiden Name* Don't know
7. *Mother's Birthplace* Balt Co
8. *Full Name of Father* Don't know
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Don't know

Name of Medical Attendant, or other Person who makes this Return. Sarah Ann Hebron

Address 59 Josephine & Ot

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 23. 1876.
4. Place of Birth (Street and Number)	160 Jefferson St
5. Full Name of Mother	Elizabeth L. Boyd,
6. Mother's Maiden Name	Elizabeth L. Smith,
7. Mother's Birthplace	Maryland
8. Full Name of Father	Robert E. Boyd
9. Father's Occupation	Clerk, Post Office,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hanck
Address	336 E. Baltimore St
Remarks	

Extract Regulations of the Board of Health relating to the Registration of Births and Deaths, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24 1876
4. Place of Birth (Street and Number)	No 50 Pine st
5. Full Name of Mother	Isabella Rosalina Hennemän
6. Mother's Maiden Name	Isabella Rosalina Gibson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harman William Hennemän
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Jane Winnebergen
Address	23 N. Liberty st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

110115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
26
1876
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 22 April
4. *Place of Birth (Street and Number)* 204 Henry Street
5. *Full Name of Mother* Louisa Tribal
6. *Mother's Maiden Name* Louisa Albrecht
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Heinrich Tribal
9. *Father's Occupation* Baker
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Christian Mund

Address 74 Lombard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of Baltimore, relating to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT APR 26 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Mul
3. *Date of Birth* 22 April
4. *Place of Birth (Street and Number)* 246 Thurgh Street
5. *Full Name of Mother* Louisa Roudnurne
6. *Mother's Maiden Name* Louisa Aoudenes
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Jacoby Roudnurne
9. *Father's Occupation* Tischlermeister
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Ferdinand Münz

Address 74 Lardnerstreet

Remarks

RETURN OF A BIRTH.

11050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3 rd.

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Color
3. *Date of Birth* Baltimore monday 24
4. *Place of Birth* (*Street and Number*) Montgomery bet 27 8
5. *Full Name of Mother* Jorge Rowe
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Edward adson
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. B Mary Brown

Address 209 Lamburg

Remarks find condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 April
4. *Place of Birth (Street and Number)* 162 Duncan Alley
5. *Full Name of Mother* Anna Kamden
6. *Mother's Maiden Name* Anna Kabaun
7. *Mother's Birthplace* Hessia
8. *Full Name of Father* Christ Kamden
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return. W. Sievers

Address 22 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24/76.
4. Place of Birth (Street and Number)	N. 24 Fell st.
5. Full Name of Mother	Johanna Barth.
6. Mother's Maiden Name	Kleinsmith
7. Mother's Birthplace	Bayern Germany.
8. Full Name of Father	Wm. Barth
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Midwife
Remarks	320 Aliceanna st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth April 24/76

4. Place of Birth (Street and Number) 501 N Eutaw Street

5. Full Name of Mother Elizabeth Spicer

6. Mother's Maiden Name "

7. Mother's Birthplace Residing

8. Full Name of Father Balto. Md.

9. Father's Occupation Geo W. Spicer

10. Father's Birthplace Agent

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. D. L. Spicer MD

Address 379 N. Eutaw St.

Remarks

Extract Regulations of the Board of Health relative to the Registration of Births and Deaths, and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

110511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 24. 76

4. Place of Birth (Street and Number) # 56 Chew St.

5. Full Name of Mother Dorothea E. Ehlers

6. Mother's Maiden Name " " Gravenstein

7. Mother's Birthplace Balto.

8. Full Name of Father John D. Ehlers

9. Father's Occupation Wood Engraver

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address # 305 N. Caroline St.

Remarks

Extract from the Ordinances of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 24th 1876
4. *Place of Birth* (Street and Number) N. Bethel St. No. 112
5. *Full Name of Mother* Margaretha E. Cintzemann
6. *Mother's Maiden Name* Margaretha E Krämer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Cintzemann
9. *Father's Occupation* Feed Business.
10. *Father's Birthplace* Oberdorfschütz Pr. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Regulations

11056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 27 th 1876
4. Place of Birth (Street and Number)	36 Henrietta St
5. Full Name of Mother	Lena A. Edwards
6. Mother's Maiden Name	Lena A. Miller
7. Mother's Birthplace	194 Hamburg St
8. Full Name of Father	John F. Edwards
9. Father's Occupation	Engineer
10. Father's Birthplace	32 Henrietta St
Name of Medical Attendant, or other Person who makes this Return	
Address	Mrs M. Stezeng
Remarks	No 32 Lieut Hull Stret

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24/76.
4. Place of Birth (Street and Number)	373 South Eutaw st
5. Full Name of Mother	Elizabeth Barrett.
6. Mother's Maiden Name	L Sammenberg.
7. Mother's Birthplace	Richmond
8. Full Name of Father	John Barrett
9. Father's Occupation	Fish Dealer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11055

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Collard
3. Date of Birth	April 29
4. Place of Birth (Street and Number)	12. Temple st
5. Full Name of Mother	morgret Rson
6. Mother's Maiden Name	Morgret Jenkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Persian Bson
9. Father's Occupation	labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Cath Solomon
Address	no 32 short st
Remarks	healthy Child

11059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Abril 24 1876
4. Place of Birth (Street and Number)	183 N. Carlen Strit
5. Full Name of Mother	Marie Eck
6. Mother's Maiden Name	Marie Schroeter
7. Mother's Birthplace	Germanie
8. Full Name of Father	Heinrich Eck
9. Father's Occupation	Reksler
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Marie Ridiger
Address	134 N. Bond Strit
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24th April 1876
4. *Place of Birth (Street and Number)* 91 Eastern Ave
5. *Full Name of Mother* Margaret Miller
6. *Mother's Maiden Name* Mayer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Benjamin Miller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Clark Carper

Address 521 Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 24 April 1876
4. *Place of Birth* (*Street and Number*) 90 Exeter St
5. *Full Name of Mother* Sophie Bonds
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Albert Bonds
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Paul Culp

Address 52 N Bond St

Remarks

11062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th April 1876
4. Place of Birth (Street and Number)	2 Gilman St.
5. Full Name of Mother	Margaret Hall
6. Mother's Maiden Name	Margaret Todd
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles C Hall
9. Father's Occupation	Conductor
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	H W Webster M.D.
Address	57. Bank St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 24th 1876
4. Place of Birth (Street and Number)	34 Marion St.
5. Full Name of Mother	Louisa Hindlemisch
6. Mother's Maiden Name	L. Fisher
7. Mother's Birthplace	Prussian
8. Full Name of Father	Christian Hindlemisch
9. Father's Occupation	Wood Turner
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Sophia Meinel
Address	56 Pearl St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11062

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) —

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 24 1876
4. *Place of Birth (Street and Number)* No 40 Orchard Street Balto
5. *Full Name of Mother* Millie Griffin
6. *Mother's Maiden Name* Millie Robinson
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* John Griffin
9. *Father's Occupation* Pod Carrier
10. *Father's Birthplace* Queens Town Co

Name of Medical Attendant, or other Person who makes this Return. Hester Bowdy M.D.

Address 85 Orchard Street

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11065

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 24
4. Place of Birth (Street and Number)	30 Clifford St
5. Full Name of Mother	Elizabeth Linkhouse
6. Mother's Maiden Name	Elisabeth Foster
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrick Linkhouse
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who [illegible] this Return.	Jane Mercer
Address	136 Mc Henery St
Remarks	Mother and baby doing well

11066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 24th 1876
4. *Place of Birth (Street and Number)* No 272 Gough str.
5. *Full Name of Mother* Mary Scott
6. *Mother's Maiden Name* " Bucher
7. *Mother's Birthplace* City
8. *Full Name of Father* John Scott
9. *Father's Occupation* Engineer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 24th 1876
4. *Place of Birth (Street and Number)* No 508 Canton Ave
5. *Full Name of Mother* Kate Bewig
6. *Mother's Maiden Name* " Hecker
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Bewig
9. *Father's Occupation* Resturant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Bushmann

Address 120 Bank str

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11068

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April 24th 1876
4. *Place of Birth* (Street and Number) Baltimore No 24 Dawson St
5. *Full Name of Mother* Melvinia Bracco
6. *Mother's Maiden Name* Moore
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Cornelious Bracco
9. *Father's Occupation* Drives a coal cart
10. *Father's Birthplace* St Mary County

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 25th 1886
4. Place of Birth (Street and Number)	Baltimore St. Peters st No. 53
5. Full Name of Mother	Rachel Dowin
6. Mother's Maiden Name	Gaither
7. Mother's Birthplace	Anaundel County
8. Full Name of Father	Asatha Downs
9. Father's Occupation	Fireman
10. Father's Birthplace	Anaundel
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 55 Parkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

VII 11070

HEALTH DEPARTMENT APR 26 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th /
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 25th/76
4. Place of Birth (Street and Number)	Shakespeare st No. 26.
5. Full Name of Mother	Caroline Smith
6. Mother's Maiden Name	" Krane
7. Mother's Birthplace	Stigenhein Germ
8. Full Name of Father	John Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Hanover Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz Midwife
Address	320 Allica Anna st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11071

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th April
4. Place of Birth (Street and Number)	63 Hillman St.
5. Full Name of Mother	Margret Gearin
6. Mother's Maiden Name	" Kehoe
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michel Gearin
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D
Address	166 E. Eager st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11072

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 25
4. *Place of Birth (Street and Number)* No 16 Fountain St
5. *Full Name of Mother* Franziska Hopf
6. *Mother's Maiden Name* " Kopp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andreas Hopf
9. *Father's Occupation* Brushmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reginw Thiedeye

Address No 269 S. Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11073.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25-th of April.
4. *Place of Birth (Street and Number)* 323 Cathedral St.
5. *Full Name of Mother* Margaret Bornmann.
6. *Mother's Maiden Name* Smith.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Bornmann.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 25th 1876.
4. *Place of Birth (Street and Number)* S. Spring St. No. 139
5. *Full Name of Mother* Anna Horst
6. *Mother's Maiden Name* Anna Wolf.
7. *Mother's Birthplace* Lengefeld Kr. Sachsen Germany
8. *Full Name of Father* Gabriel Horst
9. *Father's Occupation* Scissors Grinder
10. *Father's Birthplace* Oberehmen Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 26/76.

4. *Place of Birth (Street and Number)* Cor Schroder & Saratoga Sts # 106.

5. *Full Name of Mother* Rosa Wode

6. *Mother's Maiden Name* " Stroodman

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Louis Wode

9. *Father's Occupation* Carter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St

Remarks

11076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 25th 1876
4. Place of Birth (Street and Number)	No 736 Montreal Ave
5. Full Name of Mother	Eva Weiss
6. Mother's Maiden Name	Eva Schaper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Weiss
9. Father's Occupation	Harness maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rena K Wagner
Address	No 154 Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 25

4. Place of Birth (Street and Number) 52 Clark Alley

5. Full Name of Mother Mrs Rachel Hankins

6. Mother's Maiden Name Rachel Ryan

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Edw Hankins

9. Father's Occupation Coachman

10. Father's Birthplace Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Hankins

Address No 274 E John St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11078

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 4th 26th
4. *Place of Birth* (Street and Number) 21 Long Dock 138 Baltimore
5. *Full Name of Mother* Annie Kelly
6. *Mother's Maiden Name* Annie Gannon
7. *Mother's Birthplace* Ireland ~~Baltimore~~
8. *Full Name of Father* James Kelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Flemming

Address 97 Albemarle Street

Remarks Kelly

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Brown
3. Date of Birth	Apr. 26th.
4. Place of Birth (Street and Number)	233 Hamburg St.
5. Full Name of Mother	Anna Wilson
6. Mother's Maiden Name	Anna Dixon
7. Mother's Birthplace	Balto.
8. Full Name of Father	Geo. Wilson
9. Father's Occupation	Public Servant
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall M.D.
Address	266 S. Sharp St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1876
4. Place of Birth (Street and Number)	Baltimore. Charles Street No. 293
5. Full Name of Mother	Bridget Hays
6. Mother's Maiden Name	" Ryan
7. Mother's Birthplace	County Tipperary Irland
8. Full Name of Father	Edward Hays
9. Father's Occupation	Works in the gas house
10. Father's Birthplace	County Tipperary Ireland
Name of Medical Attendant, or other Person who makes this Return.	Miss Elizabeth Scarborough
Address	No. 236 Montgomery Street
Remarks	

11081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) Negro.
3. *Date of Birth* April. 26th. 1876.
4. *Place of Birth* (Street and Number) 7. Sheiler. st.
5. *Full Name of Mother* Eliza Ward. Hutchings
6. *Mother's Maiden Name* Eliza Ward.
7. *Mother's Birthplace* Anne. Arundel Co.
8. *Full Name of Father* Richard. Hutchings.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Prince. Georges. Co.

Name of Medical Attendant, or other Person who makes this Return. W. H. O. Elkins. M.D.

Address ft 235 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th 1879
4. Place of Birth (Street and Number)	# 19 Pleasant Alley
	Anna County
5. Full Name of Mother	Anna Stanton
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Conroy
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 45 Miss Anna St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 26th April 1876.
4. *Place of Birth (Street and Number)* 236. Battery Ave.
5. *Full Name of Mother* Barbara Sheider.
6. *Mother's Maiden Name* Barbara Demig.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Peter Sheider.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner

Address No. 29. Elezabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

110811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	american race
3. Date of Birth	April 26th 1876
4. Place of Birth (Street and Number)	Asquith st # 121
5. Full Name of Mother	Charlotte Kelitch
6. Mother's Maiden Name	" " Heise
7. Mother's Birthplace	Havana Europe
8. Full Name of Father	Henry Kelitch
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rose Ellig
Address	48 Holland St Balto City.
Remarks	

Extract from Regulations of the Board of Health relative to Returns of Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11085

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* April 26th. 1876
4. *Place of Birth (Street and Number)* Spring St. # 1
5. *Full Name of Mother* Christina Miller
6. *Mother's Maiden Name* Christina Sachse
7. *Mother's Birthplace* Europe
8. *Full Name of Father* George Miller
9. *Father's Occupation* Fisher
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ahlig

Address 48 Holland St Balto City

Remarks

11086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1876
4. Place of Birth (Street and Number)	261 W Fayette St.
5. Full Name of Mother	Jennie Schweikert
6. Mother's Maiden Name	Jennie Walker
7. Mother's Birthplace	Accomac Co. Va.
8. Full Name of Father	John F Schweikert
9. Father's Occupation	Photographer
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	F. C. Harris M.D.
Address	No. 360 Lexington St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th
4. Place of Birth (Street and Number)	No. 37 N. Greene St.
5. Full Name of Mother	Lillie Sirich
6. Mother's Maiden Name	Lillie Steinman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	P. Henry Sirich
9. Father's Occupation	Clerk
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address	148 Mulberry St
Remarks	(Child healthy)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5th Child Still Born

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 26th April 1876.

4. Place of Birth (Street and Number) Baltimore Near East Fayette Street

5. Full Name of Mother Catherina Flamm.

6. Mother's Maiden Name Catherina Ball.

7. Mother's Birthplace Baltimore

8. Full Name of Father William Flamm.

9. Father's Occupation Baker.

10. Father's Birthplace Baden Kapf Kingdom Prussia.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Burial Boyd & Andrew

No 40 Lexington

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 26th 1876
4. *Place of Birth (Street and Number)* No 580 Harford Ave
5. *Full Name of Mother* Annie Koch
6. *Mother's Maiden Name* Annie Leach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Koch
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno H Higgins

Address 182 Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1876
4. Place of Birth (Street and Number)	10 Paris St
5. Full Name of Mother	Mary E Ensey
6. Mother's Maiden Name	Mary E Kirby
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Ensey
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm McQuade M.D.
Address	17 Cathcart St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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11091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 26th 1876
4. Place of Birth (Street and Number)	174 Columbia St.
5. Full Name of Mother	M. Schildwachter
6. Mother's Maiden Name	M. Folker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Schildwachter
9. Father's Occupation	Butcher
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 26th 1876.
4. Place of Birth (Street and Number)	74 Bond St.
5. Full Name of Mother	Margaretha Kraft
6. Mother's Maiden Name	Mc Farie
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Kraft
9. Father's Occupation	
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th
4. Place of Birth (Street and Number)	192 N Charles St
5. Full Name of Mother	Jeannie Ferguson
6. Mother's Maiden Name	Jeannie Saam
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas B Ferguson
9. Father's Occupation	
10. Father's Birthplace	Chesterton, South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Ruffin Bucktin M D
Address	
Remarks	

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

110911

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 M Child
1. Sex (state whether Male or Female)	Colored
2. Race or Color (if not of the white race)	April 11 26
3. Date of Birth	Nixon, Bd No 102
4. Place of Birth (Street and Number)	Rebecker Smith
5. Full Name of Mother	Rebecker Lewis
6. Mother's Maiden Name	Catonsville Bal Co
7. Mother's Birthplace	Samuel Smith
8. Full Name of Father	Waiter
9. Father's Occupation	Baltimore
10. Father's Birthplace	Lucy Mother
Name of Medical Attendant, or other Person who makes this Return.	134 Eutaw St
Address	
Remarks	Baltimore MD

Extract Regulations of the Board of Health relating to Births and Deaths to be observed in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	2 Mal 1 femal
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26
4. Place of Birth (Street and Number)	Baltimore Parish st No 40
5. Full Name of Mother	Hinz & Day
6. Mother's Maiden Name	Annie E Fowler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nicolas Day
9. Father's Occupation	Brassmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fr Lurge
Address	766 West Pratt st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 27th 1876
4. Place of Birth (Street and Number)	297 Hoffman St
5. Full Name of Mother	Amelia Altpeter
6. Mother's Maiden Name	" Thiemeyer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Altpeter
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenzehl (mid)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11097

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 27th 1876
4. Place of Birth (Street and Number)	16 Garden St
5. Full Name of Mother	Kate McElroy
6. Mother's Maiden Name	McGarty
7. Mother's Birthplace	Ireland
8. Full Name of Father	Hugh McElroy
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Annie Mevenzeh M.D
Address	214 Preston St
Remarks	

11098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 27th

4. Place of Birth (Street and Number) No 24th Hopkins Avenue
Julian A Lewis
Julian A Lewis
Balto County

5. Full Name of Mother John E Lewis

6. Mother's Maiden Name Turner

7. Mother's Birthplace Baltimore

8. Full Name of Father Saml L Powell M.D.

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. No 29 Aisquith St.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	27 Date of April
4. *Place of Birth* (Street and Number)	No 70 Frid Av.
5. *Full Name of Mother*	Anna Maria Schwalenberg
6. *Mother's Maiden Name*	Anna Maria Hittel
7. *Mother's Birthplace*	Kuhrhessen Prussi
8. *Full Name of Father*	Frank E Schwalenberg
9. *Father's Occupation*	Hardware Dealer
10. *Father's Birthplace*	Hanover Prusse
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No 45 Monroe St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11.100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27th 1876
4. *Place of Birth (Street and Number)* 254 N Howard St
5. *Full Name of Mother* Sarah Kate Rodenmayer
6. *Mother's Maiden Name* Sarah Kate Hilburg
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis J. Rodenmayer
9. *Father's Occupation* Clerk Dry Goods.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD.

Address 53 N Paca St

Remarks Natural Labor.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27/76
4. Place of Birth (Street and Number)	309 Balto St.
5. Full Name of Mother	Mary Weller
6. Mother's Maiden Name	" Frank
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Weller
9. Father's Occupation	Tavern Keeper
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th 1876
4. Place of Birth (Street and Number)	No 50 S. Sharp St.
5. Full Name of Mother	Susan J. Willan
6. Mother's Maiden Name	Parkes
7. Mother's Birthplace	Balto. City Md.
8. Full Name of Father	Thos S. Willan
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Md. cor Hanover & Barre
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th
4. Place of Birth (Street and Number)	244 Penn: Ave
5. Full Name of Mother	Addie Sigmund
6. Mother's Maiden Name	Addie Steidmeyer
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	My Sigmund
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H Lewkins
Address	148 Mulberry St
Remarks	Child healthy.

rect Record of Vital Statistics in the City of Baltimore.

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11104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	of the Colored Race
3. Date of Birth	27 of April
4. Place of Birth (Street and Number)	329 Hamburg St.
5. Full Name of Mother	Emily Jane Spence
6. Mother's Maiden Name	Emily Spence
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Henry Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Emily A Spence
Address	329 Hamburg St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Apl 27th 1876
4. *Place of Birth* (Street and Number) No 22 Philpot St
5. *Full Name of Mother* Mary Shields
6. *Mother's Maiden Name* Donnelly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Francis Shields
9. *Father's Occupation* Stable Boss
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Schnairer

Address 129 E Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

Name of Child: Kendle M. Lewis

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th 1876
4. Place of Birth (Street and Number)	No 469. Canton ave
5. Full Name of Mother	Ann Emily Lewis
6. Mother's Maiden Name	Ann Emily Bailey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James M. L. Lewis
9. Father's Occupation	Letter carrier Baltimore city Post office
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas R. Evans
Address	No 16 Jackson Square
Remarks	Balt. Md.

rect Record of Vital Statistics in the City of Baltimore.

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11107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 April 1876
4. Place of Birth (Street and Number)	463 W. Fremont St.
5. Full Name of Mother	Catharine Mueller
6. Mother's Maiden Name	" Beach
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Charles Herman Mueller
9. Father's Occupation	Clerk
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer
Address	201 W. Biddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 27
4. *Place of Birth (Street and Number)* No 293 Canton Av
5. *Full Name of Mother* Catharina Brun
6. *Mother's Maiden Name* " James
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Brun.
9. *Father's Occupation* Car Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Fleischaye

Address No 289 S. Bond St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of April
4. Place of Birth (Street and Number)	William St. N 55
5. Full Name of Mother	Ann Barton
6. Mother's Maiden Name	Ann Buttler
7. Mother's Birthplace	Pittsburg
8. Full Name of Father	Henery Barton
9. Father's Occupation	Police
10. Father's Birthplace	Easton Shore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St N. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	a Twin Male.
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	24 of April
4. Place of Birth (Street and Number)	Light St No 204
5. Full Name of Mother	Kate Roche
6. Mother's Maiden Name	Kate Lankey
7. Mother's Birthplace	Irland
8. Full Name of Father	John Boche
9. Father's Occupation	pluming
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Wes Starkey
Address	West St No 128
Remarks	

Return of Registrations of the Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Thursday 27 1876
4. *Place of Birth (Street and Number)* 74 Stile Street
5. *Full Name of Mother* Lisablla Fleming
6. *Mother's Maiden Name* Lieu weaser fleming heavy Child
7. *Mother's Birthplace* Snowhill Worcester M.D
8. *Full Name of Father* Jolph fleming
9. *Father's Occupation* Labor
10. *Father's Birthplace* Roanoke County Virginnia

Name of Medical Attendant, or other Person who makes this Return. Mary A Dickerson

Address 108 Leadenhall Steet

Remarks One before Manda fleming June 13 1874

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 28th 1876
4. Place of Birth (Street and Number)	Lemon Alley one door W. of Conway St
5. Full Name of Mother	Mary Ratte
6. Mother's Maiden Name	" Boylan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Christian Ratte
9. Father's Occupation	Hack Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Eliza Fullen Kamps
Address	573 W. Lombard St
Remarks	This child died at three days old of convulsions

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	× 303 N Bond St.
4. Place of Birth (Street and Number)	April 28. 1876
5. Full Name of Mother	Rebecca Jane Deal
6. Mother's Maiden Name	" " Price
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Thomas Deal
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	× 305 N Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2
4. Place of Birth (Street and Number)	No 18 Jackson Court
5. Full Name of Mother	Maria Elisa Heim
6. Mother's Maiden Name	Maria Eliesa Helle
7. Mother's Birthplace	Gutensberg Hessia Kassel
8. Full Name of Father	Adam Joseph Heim
9. Father's Occupation	Harnessmaker
10. Father's Birthplace	Geisa Sach Weimer Eisennach
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumbler
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 28 th 1916

4. Place of Birth (Street and Number) Reborg st No 120

5. Full Name of Mother Catharina Roemer

6. Mother's Maiden Name Catharina Lind

7. Mother's Birthplace Baltimore

8. Full Name of Father Charls Roemer

9. Father's Occupation Shoemacker

10. Father's Birthplace Germanya

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Law of Maryland to secure a correct Record of Births, &c.

Duties of Physicians, Midwives, &c., in relation to Registration of Births and Deaths in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	A Boy child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Born april 2d
4. Place of Birth (Street and Number)	at number 27 Dilmeade
5. Full Name of Mother	Elizabeth E. Keith
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Queens county md
8. Full Name of Father	Jacob Keith
9. Father's Occupation	Brick maker
10. Father's Birthplace	Queens county
Name of Medical Attendant, or other Person who makes this Return.	Charlett johnson
Address	warner st 188
Remarks	

RETURN OF A BIRTH.

11117

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) third

1. Sex (*state whether Male or Female*) Female

2. Race or Color (*if not of the white race*) White

3. Date of Birth 28 April

4. Place of Birth (*Street and Number*) 112 Bolton St

5. Full Name of Mother Mary Barnowski

6. Mother's Maiden Name Mary Barnowski

7. Mother's Birthplace Ruby, Bohemia

8. Full Name of Father John Barnowski

9. Father's Occupation Laborer

10. Father's Birthplace Schneyer, Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Connor

Address 120 Barnet

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28th 1876
4. *Place of Birth (Street and Number)* S. Sharp St. betw. Hill & Lee Sts.
5. *Full Name of Mother* Anna Elozebeth De Lat.
6. *Mother's Maiden Name* A. E. Klahrtmann
7. *Mother's Birthplace* Oldenburg Germany.
8. *Full Name of Father* Franziskus Hubertus Hermanus De Lat.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Delden Netherland

Name of Medical Attendant, or other Person who makes this Return. Henry Salzer

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Confinement

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 1 A.M. 28th April, 1876.

4. Place of Birth (Street and Number) Seymour St N. E. Cor of Pennsylvania

5. Full Name of Mother Mary Isabella Moore

6. Mother's Maiden Name Mary Isabella Hanson

7. Mother's Birthplace Baltimore City

8. Full Name of Father Gustavus Adolphus Moore

9 Father's Occupation Brick Mason — a Brick Layer

10. Father's Birthplace Savannah Georgia

Name of Medical Attendant, or other Person who makes this Return. Thos J. Shields Jr. M.D.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 28 1876
4. *Place of Birth (Street and Number)* 71 Fayerweather
5. *Full Name of Mother* Henrietta Nee
6. *Mother's Maiden Name* Lt. Stoll
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Bernhard Nee
9. *Father's Occupation* Roy Ticker
10. *Father's Birthplace* New York City

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 Bond Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 25. 1876
4. Place of Birth (Street and Number)	423 Gilmor St
5. Full Name of Mother	Mary Fearsten Hartzell
6. Mother's Maiden Name	Fearsten
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jno Cornelius Hartzell
9. Father's Occupation	Police Officer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	F. Christian M.D.
Address	431 Penna Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 2 1876

4. Place of Birth (Street and Number) No. 36. High St.

5. Full Name of Mother Julia Grace

6. Mother's Maiden Name Julia Heck

7. Mother's Birthplace Germany

8. Full Name of Father William Grace

9. Father's Occupation Restaurant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Jno. G. Hagist

Address 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1 6 11123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28th 1876
4. *Place of Birth (Street and Number)* No. 324 W. Lombard St.
5. *Full Name of Mother* Nellie Maria Megraw
6. *Mother's Maiden Name* N. M. Ryan
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Jno. Milton Megraw
9. *Father's Occupation* Stove Dealer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Hamble M.D.

Address No 203 W. Lombard St

Remarks Balt. Md

1112 11

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE MAY 8 1876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 28 of April
4. *Place of Birth* (Street and Number) Central Avenue c/o 310
5. *Full Name of Mother* Elisabetha Reisert
6. *Mother's Maiden Name* Elisabetha Kurtz
7. *Mother's Birthplace* Ger. Ort Oberpfalz Kreis Grünsberg Bayern
8. *Full Name of Father* Franzon Reisert
9. *Father's Occupation* Tagelöhner
10. *Father's Birthplace* Kreis Lichtenfels Königreich Bayern

Name of Medical Attendant, or other Person who makes this Return, Wallenaja Müller

Address Sterling St c/o 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th Day April - 16
4. Place of Birth (Street and Number)	Bidle st No 50
5. Full Name of Mother	Margarett Kircher
6. Mother's Maiden Name	Nagel
7. Mother's Birthplace	Biegenbach Bayern
8. Full Name of Father	Lenz Kircher
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Walburga Miller
Address	No Stirling st db 165.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

...s any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 3 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 April
4. *Place of Birth (Street and Number)* 278 Cheer street
5. *Full Name of Mother* Lizzie Waltsheet
6. *Mother's Maiden Name* Lizzie Hoop
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Waltsheet
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

11127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 28th
4. *Place of Birth* (Street and Number) No 1 N. Caroline st Balt Md
5. *Full Name of Mother* Cornelia F. McComas
6. *Mother's Maiden Name* Cornelia F Price
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Wm L McComas
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Lehigh County Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. John H. Conner M. D.

Address N. W. Cor Broadway & Baltimore st

Remarks Breach Presentation.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. 24th April 1876

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28th 1876.
4. *Place of Birth (Street and Number)* 130 Bond Street.
5. *Full Name of Mother* Annie Nimbuch.
6. *Mother's Maiden Name* Annie Norman
7. *Mother's Birthplace* America.
8. *Full Name of Father* George W. Nimbuch
9. *Father's Occupation* Stevetor.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Arnold.

Address No 137 S Wolfe St.

Remarks ——

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 24th 1876.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 28th 1876.
4. *Place of Birth (Street and Number)* 214 Eastern Ave.
5. *Full Name of Mother* Bertha Schlenker.
6. *Mother's Maiden Name* Bertha Baumbacer.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Erhard Schlenker.
9. *Father's Occupation* Cabinet maker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address 1st & 137 S Wolfe St.

Remarks

Extract Regulations of the Board of Health relative to Returns of Births and Deaths, and the Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 28 - 1876
4. Place of Birth (Street and Number)	326 Lexington St-
5. Full Name of Mother	Federica Gutman Weil
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Nathan Gutman
9. Father's Occupation	Dry goods merchant.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Saml. J. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111.31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth Saturday April 29th, 76

4. Place of Birth (Street and Number) 36 Davis St

5. Full Name of Mother Emily Taylor

6. Mother's Maiden Name " "

7. Mother's Birthplace Baltimore

8. Full Name of Father Perry Johnson

9. Father's Occupation Barber

10. Father's Birthplace ~~~~~

Name of Medical Attendant, or other Person who makes this Return. Charles. G. Welch M.D

Address 51 N Calvert St Baltimore

Remarks In labor 3 hours.

11132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	29th April 1876
4. Place of Birth (Street and Number)	12 Fish market
5. Full Name of Mother	Elizabeth Queen
6. Mother's Maiden Name	" Lewis
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Jno Queen
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address 52 E. Lombard St.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29 1876
4. Place of Birth (Street and Number)	65 Jefferson
5. Full Name of Mother	Friederika Rosenheim
6. Mother's Maiden Name	Friederika Rosenheim
7. Mother's Birthplace	Germany
8. Full Name of Father	Tobias Shlyman
9. Father's Occupation	Clergyman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abraham Rosenheim
Address	
Remarks	

111311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 29
4. *Place of Birth (Street and Number)* Harmony Lan. 165
5. *Full Name of Mother* Barbary Gendlin
6. *Mother's Maiden Name* Barbary Klopperman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gary Gendlin
9. *Father's Occupation* Hairdresser
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 16

Remarks Born Premature Shorter

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* apl 29th
4. *Place of Birth (Street and Number)* 573 N. Bay st
5. *Full Name of Mother* Ella Virginia Bagley
6. *Mother's Maiden Name* " " McCadden
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Bagley
9. *Father's Occupation* Practice Medicine
10. *Father's Birthplace* Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. Charles Bagley

Address 573 N. Bay st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29th 1876
4. Place of Birth (Street and Number)	120 Columbia Avenue
5. Full Name of Mother	Margaret Schultz
6. Mother's Maiden Name	Margaret Baer
7. Mother's Birthplace	Baltimore Anne Arundel Co.
8. Full Name of Father	Frederick Wm Schultz
9. Father's Occupation	Apothecary
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. W. Colburn
Address	166 S. Paca St.
Remarks	

11137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	american race
3. Date of Birth	April 29th 1876
4. Place of Birth (Street and Number)	Allegmant St # 126
5. Full Name of Mother	Marie Roleddes
6. Mother's Maiden Name	" Leight
7. Mother's Birthplace	Prussia Europe
8. Full Name of Father	John Roleddes
9. Father's Occupation	Saddler
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	My Rose Pellegrini
Address	48 Holland St Balto Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* american
3. *Date of Birth* April 29th 1876.
4. *Place of Birth (Street and Number)* Central avenue ~~to~~ 161
5. *Full Name of Mother* Rosa Annigar
6. *Mother's Maiden Name* " Lessner
7. *Mother's Birthplace* Baltimor Md
8. *Full Name of Father* Peter Annigar
9. *Father's Occupation* Carriage maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nellig

Address 48 Holland St Baltimor

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

11139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american
3. *Date of Birth* April 29th 1876
4. *Place of Birth (Street and Number)* May St # 35
5. *Full Name of Mother* Katherine Wessel
6. *Mother's Maiden Name* " " " Kaiser
7. *Mother's Birthplace* Hanover Europe
8. *Full Name of Father* Lewis Wessel
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Hanover Europe

Name of Medical Attendant, or other Person who makes this Return. Mr Rose Kelly

Address 48 Holland St Balto City

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Thirteen
1. Sex (state whether Male or Female)	Female [illegible] Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	29 day of April
4. Place of Birth (Street and Number)	41 Little Wedderburn St.
5. Full Name of Mother	Ellyia Gaeonay
6. Mother's Maiden Name	Ellyia Neal
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James J. Gaeonay
9. Father's Occupation	Wagoner
10. Father's Birthplace	Calvert County Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hines 135 Chamberlain
Address	
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Black 2ond

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 29th of april
4. *Place of Birth (Street and Number)* 39 parish st
5. *Full Name of Mother* amanda Snede
6. *Mother's Maiden Name* amanda kelum
7. *Mother's Birthplace* Worchester county md
8. *Full Name of Father* George Snede
9. *Father's Occupation* a Sailor
10. *Father's Birthplace* Worchester county.

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue 13

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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11142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Children

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 April
4. *Place of Birth (Street and Number)* Jefferson st. N. 146
5. *Full Name of Mother* Elisabeth Wehal.
6. *Mother's Maiden Name* Elisabeth. Stam.
7. *Mother's Birthplace* Marburg
8. *Full Name of Father* Conrad Wehal
9. *Father's Occupation* Saber
10. *Father's Birthplace* Willens

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address West. St No. 128

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth April 29th 1876.
4. Place of Birth (Street and Number) No 638 Light Street.
5. Full Name of Mother Carolina Pack.
6. Mother's Maiden Name Carolina Leibel.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Louis Pack.
9. Father's Occupation Baker
10. Father's Birthplace Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Brune
Address 114 Battery Ave.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

Record of

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1111-11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 29th 1876.
4. *Place of Birth (Street and Number)* 80 S. Caroline St
5. *Full Name of Mother* Annie Thomas
6. *Mother's Maiden Name* Annie Wade
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lee Walker

Address 94 S. Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 2 9 th 1876
4. *Place of Birth (Street and Number)* 1039 Lombard st
5. *Full Name of Mother* Josephine Lentz
6. *Mother's Maiden Name* Josephine Haggerty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Lentz
9. *Father's Occupation* Retail Liquor Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hilgeist

Address 184 Monument

Remarks

11146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th April 1876 Chase's Court
4. *Place of Birth (Street and Number)* No 291 E Chase St
5. *Full Name of Mother* Barbara Fillinger
6. *Mother's Maiden Name* Barbara Unger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Martin Fillinger
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killegrew

Address No 291 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE MAY 3 1876

11147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* 29 of April

4. *Place of Birth* (Street and Number) Lexington St. No 82

5. *Full Name of Mother* Wilhelmine Wall

6. *Mother's Maiden Name* Wilhelmine Neubrower

7. *Mother's Birthplace* geb. in Preussen in Preussen

8. *Full Name of Father* Christof Wall

9. *Father's Occupation* Tischlermeister

10. *Father's Birthplace* geb. Hessen Cassel in Deutschland

Name of Medical Attendant, or other Person who makes this Return. Walburger Müller

Address Sterling St No 165.

Remarks

11148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th & 10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 29th 1876
4. Place of Birth (Street and Number)	No 30 Forrest Street
5. Full Name of Mother	Mary E Griffin
6. Mother's Maiden Name	Mary E Butler
7. Mother's Birthplace	Maryland
8. Full Name of Father	John S Griffin
9. Father's Occupation	Coachman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Saml C Powell M.D
Address	No 29 Aisquith Street
Remarks	The Mother was Eight months pregnant

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics to the City of Baltimore.

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RETURN OF A BIRTH.

111119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April th 29 1876
4. *Place of Birth (Street and Number)* Baltimore
5. *Full Name of Mother* Annie Reid
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Reid
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bouldy Jno

Address 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111 50

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 2 1876

HEALTH DEPARTMENT BALTIMORE MAY 2 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth 15th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th 1876
4. Place of Birth (Street and Number)	#443 Canton Avenue
5. Full Name of Mother	Julia Jordan
6. Mother's Maiden Name	Julia Garrett
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Jordan
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Rachel A Garrett
Address	#435 Alice Anna St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

~~Number of Mother (state whether 1st, 2d, 3d, &c.)~~

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* April 30. 76.
4. *Place of Birth* (*Street and Number*) 111 Parkin
5. *Full Name of Mother* Sarah Ellen Beldenkopf
6. *Mother's Maiden Name* Delron
7. *Mother's Birthplace* Frederick Co Md
8. *Full Name of Father* Jno. E. Beldenkopf
9. *Father's Occupation* machinist
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Rinaldo M Eastman

Address 849 Lexington

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Blk

3. Date of Birth Apr 30. 76

4. Place of Birth (Street and Number) Pall[illegible] and Lane

5. Full Name of Mother Eliz. Bowles

6. Mother's Maiden Name Young

7. Mother's Birthplace St. Mary's Co. Md

8. Full Name of Father Jno. Bowles

9. Father's Occupation Coachman

10. Father's Birthplace Anne Arundel Md

Name of Medical Attendant, or other Person who makes this Return. Louis M Kaufman

Address 247 Lee

Remarks

11.153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 30th 1876

4. *Place of Birth (Street and Number)* 273 Dallas St

5. *Full Name of Mother* Ann Rainey

6. *Mother's Maiden Name* " Lee

7. *Mother's Birthplace* County Antrim Ireland

8. *Full Name of Father* Richard Henry Rainey

9. *Father's Occupation* Cow Dealer

10. *Father's Birthplace* County Antrim Ireland.

Name of Medical Attendant, or other Person who makes this Return. Ursula I. Ebersimer

Address 129 E Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 30th 1876
4. *Place of Birth (Street and Number)* No 232 Carlton Ave
5. *Full Name of Mother* Molly Miller
6. *Mother's Maiden Name* " Jansson
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lewis E Miller
9. *Father's Occupation* Driver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11155

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday April 30th 1876.
4. Place of Birth (Street and Number)	No 81 Camden Street
5. Full Name of Mother	Rachel Dornheim
6. Mother's Maiden Name	n Springer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mayer Dornheim
9. Father's Occupation	Manufacturer of Cigars & Tobacco
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Schluer 711 N
Address	329 S Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 30th 1876

4. Place of Birth (Street and Number) Division Street No 70

5. Full Name of Mother Magie Cecelia Juermen

6. Mother's Maiden Name Magie C Chambers

7. Mother's Birthplace Carroll Co

8. Full Name of Father Ambrose Juermen

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G H Adams MD

Address 215 Druid Hill Ave Balt

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* ~~C. C~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~348 Orleans st.~~ April 30. 1876
4. *Place of Birth (Street and Number)* 348 Orleans st
5. *Full Name of Mother* ~~Mary Deibel~~ May Smith
6. *Mother's Maiden Name* Mary Deibel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* C. B. Smith.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. Walter

Address 126 N. Sandtown st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record ... Baltimore.

RETURN OF A BIRTH.

11158

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1876
BALTIMORE

Vital Statistics in the City of B

Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
(state whether Male or Female)	Male
ce or Color (if not of the white race)	African
te of Birth	April 30th 1876
lace of Birth (Street and Number)	Fish Alley No 6
ll Name of Mother	Carrie Sewell
ther's Maiden Name	Carrie Butler
ther's Birthplace	Washington
ull Name of Father	John Wesley Sewell
ather's Occupation	Sailor
Father's Birthplace	Kent County
Name of Medical Attendant, or other Person who makes this Return.	Wm Hoggs 424 Pratt Street
Address	
Remarks	

11159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th
4. Place of Birth (Street and Number)	108 N. Eden St.
5. Full Name of Mother	Emma Allen
6. Mother's Maiden Name	Emma Bean
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Leora Byron Allen
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M.D.
Address	194 E. Pratt St.
Remarks	

ltimore.

rect Record of Vital Statisti...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	30 April 1876
4. Place of Birth (Street and Number)	61 W. Hollins St
5. Full Name of Mother	Lizzie Black
6. Mother's Maiden Name	Lizzie Black
7. Mother's Birthplace	Snow Hill Md
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lee Walker
Address	94 S. Dallas St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11161.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	30th April 1896
4. Place of Birth (Street and Number)	No 12 L. Broadway
5. Full Name of Mother	Violet Jamieson
6. Mother's Maiden Name	Violet Insil
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Insil
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lee Walker
Address	94 S. Dallas St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex (state whether Male or Female)* a girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born the 30th of April 1876
4. *Place of Birth (Street and Number)* 32 West Preston st
5. *Full Name of Mother* Mary Reese
6. *Mother's Maiden Name* Mary Denese
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Casper Denese
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Present a Number

Address 71 North Chapel street for John Kennedy

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether Male or Female)* a boy.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born the 3d of April 1876
4. *Place of Birth (Street and Number)* 52 North Chapel st
5. *Full Name of Mother* Kate Siegel
6. *Mother's Maiden Name* Kate Siegel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Siegel
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Emanuel Kipke M.D.

Address 52 North Chapel st

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

111611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5tes Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 30th 1876
4. *Place of Birth (Street and Number)* N. Dallas St. No. 46
5. *Full Name of Mother* Henriette Schäfer
6. *Mother's Maiden Name* Henriette Gerlzer
7. *Mother's Birthplace* Clausthal. K. Preussen. Germany
8. *Full Name of Father* Friedrich Schäfer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Echzell. Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	30th April
4. Place of Birth (Street and Number)	308 Raborg St
5. Full Name of Mother	Rebecca Smith
6. Mother's Maiden Name	Rebecca Johnson
7. Mother's Birthplace	Colbert County
8. Full Name of Father	James Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Colbert County
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Warren
Address	No 288 Raborg St
Remarks	

11166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 30th 1876
4. Place of Birth (Street and Number)	125 Conway Street
5. Full Name of Mother	Emma Rodeman
6. Mother's Maiden Name	" " ~~Spratler~~ Spaller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Rodeman
9. Father's Occupation	Tailor
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary Krok
Address	328 S Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twin

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 30/76

4. Place of Birth (Street and Number) No 121 Hollins st

5. Full Name of Mother Kate Reik

6. Mother's Maiden Name East

7. Mother's Birthplace Balto., Md.

8. Full Name of Father Jno. Crei

9. Father's Occupation Mechanic

10. Father's Birthplace Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 379 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics of the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 30 ed 1876
4. Place of Birth (Street and Number)	No 340 Hannover st.
5. Full Name of Mother	Ellen Finigan
6. Mother's Maiden Name	Denise
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Mic. Finigan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	April 30th 1876
4. *Place of Birth* (Street and Number)	59 Park Ave
5. *Full Name of Mother*	Annie Sopp
6. *Mother's Maiden Name*	" " Wolf
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Adam Sopp
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenzehl (Midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.1.170

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th
4. Place of Birth (Street and Number)	Francis St near Retreat
5. Full Name of Mother	Susan Menick
6. Mother's Maiden Name	Susan Clowsley
7. Mother's Birthplace	Patto City
8. Full Name of Father	Chas. H. Menick
9. Father's Occupation	Butcher
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	J. C. Bunch M.D.
Address	141 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 1th 30 18 76
4. *Place of Birth (Street and Number)* Baltimore No 14 parish alley
5. *Full Name of Mother* Eliza Bowie
6. *Mother's Maiden Name* Eliza Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Bowie
9. *Father's Occupation* Jobbing
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chester Bundly Dr

Address 85 orchard Street.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* March 31st 1876
4. *Place of Birth* (*Street and Number*) 325 N. Caroline St
5. *Full Name of Mother* Ann Elizabeth Maxwell
6. *Mother's Maiden Name* " " Rathrom
7. *Mother's Birthplace* Penn a.
8. *Full Name of Father* David Maxwell
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D

Address 5 Franklin St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30 1876
4. Place of Birth (Street and Number)	34 E 2021 st
5. Full Name of Mother	Mary E Garmus
6. Mother's Maiden Name	Mary E Bailey
7. Mother's Birthplace	Princes Anne Summerset Co Md
8. Full Name of Father	William H. Bailey
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT BALTIMORE

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RETURN OF A BIRTH.

11174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 1st - '76.
4. Place of Birth (Street and Number)	97 Mosher St.
5. Full Name of Mother	Ellen Russell Logan,
6. Mother's Maiden Name	Harten.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Hugh Logan.
9. Father's Occupation	Grocer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* this May died the first of May

4. *Place of Birth (Street and Number)* 126 Fayette Street

5. *Full Name of Mother* Hoffman Mr Bryan

6. *Mother's Maiden Name* Hoffman

7. *Mother's Birthplace* U. St.

8. *Full Name of Father* H C Bryan

9. *Father's Occupation* Tayler

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Bryan

Address 52 E. Lombard St.

Remarks Died of Convulsion

Mr Jacob Hutter No 21 Harrison St. Baltimore County

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics.

11176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) —

3. Date of Birth 1st Inst 10 A.M.

4. Place of Birth (Street and Number) 140 Canal St.

5. Full Name of Mother Annie Birmingham

6. Mother's Maiden Name Carie

7. Mother's Birthplace Ireland

8. Full Name of Father Wm Birmingham

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Patrick Carpin

Address 32 E Pleasant bard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth April 26th 1876

4. Place of Birth (Street and Number) 26 Bayard St

5. Full Name of Mother Minnie Durand

6. Mother's Maiden Name Hoffman

7. Mother's Birthplace St. Nicholas Switzerland

8. Full Name of Father Henry Durand

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Paul Cooper

Address 52 E. Lombard St

Remarks Dup 7 11 75

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 t child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 1st 1876
4. Place of Birth (Street and Number)	No 234 Montgomery st
5. Full Name of Mother	Catherine Dedrer
6. Mother's Maiden Name	Kaehler
7. Mother's Birthplace	Germany.
8. Full Name of Father	Christoph Dedrer
9. Father's Occupation	Carpet weaver
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schweisser mid wife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

11179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth April 1st 1876.

4. Place of Birth (Street and Number) No 333 Eastern Ave.

5. Full Name of Mother Josephine Zietert

6. Mother's Maiden Name Josephine Buettner.

7. Mother's Birthplace Germany.

8. Full Name of Father John Zietert

9. Father's Occupation Butcher.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Brunel.

Address No 137 S Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1876
4. *Place of Birth (Street and Number)* West & Valley Sts.
5. *Full Name of Mother* Rose McMahon
6. *Mother's Maiden Name* " Cassidy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James McMahon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Clarence

Address 129 E Monument St

Remarks

RETURN OF A BIRTH.

11151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 1st
4. *Place of Birth (Street and Number)* 59. Hillen St. Baltimore
5. *Full Name of Mother* Janey ~~A Wife~~ Duirk
6. *Mother's Maiden Name* Janey O Flaherty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Matthew Duirk
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Flemming

Address 97. Albemarle St

Remarks Healthy

RETURN OF A BIRTH.

11152

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 1st. 1876
4. Place of Birth (Street and Number)	200 Charles Street
5. Full Name of Mother	Anna Edelmann
6. Mother's Maiden Name	" " Vietsch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Karl Edelmann
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katharine Münch
Address	74 Leadenhall Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of duty, Five Dollars.

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11183

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1st
4. Place of Birth (Street and Number)	36 Mount Vernon Place
5. Full Name of Mother	Louie Lankin
6. Mother's Maiden Name	Louie Lusby
7. Mother's Birthplace	—
8. Full Name of Father	Frank H Lankin
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reppin Buchanan M.D.
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1115 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	May 1st 1876
4. *Place of Birth* (Street and Number)	No 69 Henrietta st.
5. *Full Name of Mother*	Augusta Schneider
6. *Mother's Maiden Name*	Griese
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Andrew Schneider
9. *Father's Occupation*	Gasfitter
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwarzel midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

11183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One May Dolch

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 1st

4. Place of Birth (Street and Number) Patterson Ave

5. Full Name of Mother Emma Dolch

6. Mother's Maiden Name " Levy

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm H Dolch

9. Father's Occupation Floor Inspector

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Chs Horn M.D

Address Patterson av.

Remarks

Penalty of Fifty Dollars on the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Collard
3. Date of Birth	may 1
4. Place of Birth (Street and Number)	48 43 north dallas st
5. Full Name of Mother	fannet willmore
6. Mother's Maiden Name	fannet Gilly
7. Mother's Birthplace	Baltmore
8. Full Name of Father	John witmore
9. Father's Occupation	labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs leah johnson
Address	no 32 short st
Remarks	healthy child

or other person in charge, who shall attend, assist, or
of Baltimore, shall report to the registrar aforesaid,
date of birth, sex, and color of the child or children
ill born or not, the full name, nativity, and residence
ther of such child or children
ths, and the maiden name of the mother
child within the City of
after, stating distinctly the date
physical condition, whether still b
chcur, midwife, or ot
the City of Baltimore.

RETURN OF A BIRTH.

11185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 1st

4. *Place of Birth (Street and Number)* 44 Barnes Alley

5. *Full Name of Mother* Mrs. Alicia

6. *Mother's Maiden Name* Hamilton

7. *Mother's Birthplace* Prussia Germany

8. *Full Name of Father* Geo. Alecka

9. *Father's Occupation* Fisherman

10. *Father's Birthplace* Schleia Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conde

Address 1220 Barnes Alley

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1876.
4. *Place of Birth (Street and Number)* No 28 Bond Street,
5. *Full Name of Mother* Caroline Cammerro.
6. *Mother's Maiden Name* Caroline Farne.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* William Cammero.
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Theo Brune.

Address 114 Bethesda St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex (state whether Male or Female) Female,

2. Race or Color (if not of the white race)

3. Date of Birth May. 1st 1876.

4. Place of Birth (Street and Number) Hurst bet. 2d. & Ann. No 42.

5. Full Name of Mother Caroline Schellenger

6. Mother's Maiden Name Caroline Scheil

7. Mother's Birthplace Germany.

8. Full Name of Father Gabriel. Schellenger

9. Father's Occupation Labor.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Bethel Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 1 1876
4. *Place of Birth (Street and Number)* 120 S. Dallas St
5. *Full Name of Mother* Bell Gordon
6. *Mother's Maiden Name* Bell Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gordon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 94 S. Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1st 1876
4. Place of Birth (Street and Number)	Baltimore Light Street No 202
5. Full Name of Mother	Maggie Wenkint
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Wenkint
9. Father's Occupation	Glassblower
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elisabeth Scarborough
Address	No 236 Montgomery Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

11192

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Lizzie R
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 9th 1876
4. Place of Birth (Street and Number)	213 O Street S.E.
5. Full Name of Mother	Eliz. Burkhammer Hess.
6. Mother's Maiden Name	Eliz. Burkhammer.
7. Mother's Birthplace	America
8. Full Name of Father	Geo. P. Hess.
9. Father's Occupation	Tinner
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	#17 N. Chapel St.
Remarks	F.P.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1876
4. *Place of Birth (Street and Number)* 252 E Pallas st
5. *Full Name of Mother* Louis Wagner
6. *Mother's Maiden Name* Louis Stein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* C. Wagner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo Walter

Address 125 N Caroline

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

111911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st " 1876.
4. *Place of Birth (Street and Number)* 302 South Eutaw st
5. *Full Name of Mother* Julliana Limbach
6. *Mother's Maiden Name* " Spengler
7. *Mother's Birthplace* Hessen-Darmstadt
8. *Full Name of Father* Thos. Limbach
9. *Father's Occupation* Carter.
10. *Father's Birthplace* Kur-Hessen-Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kohr

Address 328 South Eutaw St.

Remarks

RETURN OF A BIRTH.

11193

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white race
3. Date of Birth	twenty second
4. Place of Birth (Street and Number)	Baltimore Battrey ds 216
5. Full Name of Mother	Martha Ann Murphy
6. Mother's Maiden Name	Martha Ann Purdell
7. Mother's Birthplace	verginia
8. Full Name of Father	John th Murphy
9. Father's Occupation	laborer
10. Father's Birthplace	irland
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathorn
Address	288 Johnson st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* light brown

3. *Date of Birth* 2 nd of May

4. *Place of Birth (Street and Number)* No 46 McElderry st

5. *Full Name of Mother* Annie Gordan

6. *Mother's Maiden Name* Annie Brown

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* James Henry Gordan

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore city.

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glascow.

Address No E Elderry street extended

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 2d.
4. Place of Birth (Street and Number)	81 N. Central Avenue
5. Full Name of Mother	Elisebeth Kröter
6. Mother's Maiden Name	Elisebeth Eemel
7. Mother's Birthplace	Germane
8. Full Name of Father	Christian Kröter
9. Father's Occupation	Milk Vieler
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rendiger
Address	134 N. Bond Stret
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876. BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) black

3. Date of Birth May 2nd 1876

4. Place of Birth (Street and Number) 152 Dyson St

5. Full Name of Mother Maria Grinnel

6. Mother's Maiden Name [illegible] Dorsey Maria Dorsey

7. Mother's Birthplace St. Mary's Co. Md.

8. Full Name of Father Sandy Grinnel

9. Father's Occupation Laborer

10. Father's Birthplace St. Marys co. md.

Name of Medical Attendant, or other Person who makes this Return. Edgene T. Cordell

Address 55 Lexington St

Remarks Ordinary vertex presentation — left occipito iliac position — Ergot 3 ijs used — Had hard pains for 2 days —

Penalty of Fifty Dollars.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2nd of May
4. *Place of Birth (Street and Number)* Falls Turnpike
5. *Full Name of Mother* Bridget Sinnott
6. *Mother's Maiden Name* Kinton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Sinnott
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd "

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2nd " 1876
4. *Place of Birth (Street and Number)* 267 E. Pratt st.
5. *Full Name of Mother* Mary Honey
6. *Mother's Maiden Name* " Cunningham
7. *Mother's Birthplace* ~~Balt~~ Harford Co Md.
8. *Full Name of Father* Thomas Honey
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville Rush M. D.

Address Balt. & Wash. Rds.

Remarks Natural,

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11201

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 2d 1876.
4. *Place of Birth (Street and Number)* 238 N. Caroline Street Baltimore,
5. *Full Name of Mother* Anna Ridgley Caldwell,
6. *Mother's Maiden Name* Anna Ridgley Law,
7. *Mother's Birthplace* Baltimore County Md,
8. *Full Name of Father* John C. Caldwell
9. *Father's Occupation* Physician,
10. *Father's Birthplace* Delaware,

Name of Medical Attendant, or other Person who makes this Return. Harvey E. Bryan M.D.,

Address 139 Aisquith Street,

Remarks Natural Labor, Baby premature.

Mother & Child doing well,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 8th Second
4. *Place of Birth (Street and Number)* Pierre St No 213
5. *Full Name of Mother* Susan Smith
6. *Mother's Maiden Name* Hobbs
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Spriz Smith
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Rachel Dorem

Address No 32

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11203

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd May 1876
4. Place of Birth (Street and Number)	64 S Amity St
5. Full Name of Mother	Elizabeth Hynds
6. Mother's Maiden Name	Ferguson
7. Mother's Birthplace	Ireland
8. Full Name of Father	William W. Hynds
9. Father's Occupation	Miner
10. Father's Birthplace	Dumfriesshire Scotland
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3rd. 1876
4. Place of Birth (Street and Number)	S. E. cor. 6 st. & Franklin & Fremont
5. Full Name of Mother	Mrs. Susan E. Wilkison
6. Mother's Maiden Name	Susan E. Dorritt
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Mr. Wm G. Wilkison
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Wm H. Cleudinin M.D.
Address	No. 93 N. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 3rd 1876
4. *Place of Birth (Street and Number)* No 45 Plattefoot alley
5. *Full Name of Mother* Mary Alford
6. *Mother's Maiden Name* " Brenner
7. *Mother's Birthplace* City
8. *Full Name of Father* John Alford
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

RETURN OF A BIRTH.

112106

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 3rd 1876

4. *Place of Birth (Street and Number)* No 219 Canal St

5. *Full Name of Mother* Rose Stein

6. *Mother's Maiden Name* Rose Sussmann

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jacob Stein

9. *Father's Occupation* Clothing trade

10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Hellman

Address No 152 Lexington St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3rd 1876
4. Place of Birth (Street and Number)	No 190 Central Avenue Baltimore
5. Full Name of Mother	Josephine Anna Meier
6. Mother's Maiden Name	Josephine Anna Lennard
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Engleman Mathias Meier
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 209 Monument St. cor Central Avenue Baltimore
Remarks	All Well

RETURN OF A BIRTH.

11205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	3th May 1876
4. Place of Birth (Street and Number)	2 Booth 32
5. Full Name of Mother	Anna Graf
6. Mother's Maiden Name	Anna Krenek
7. Mother's Birthplace	Horni Becva in Moravia
8. Full Name of Father	Ferdinand Graf
9. Father's Occupation	workman
10. Father's Birthplace	Petrowic in Austria
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopetsch
Address	69. E. Washington
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mai 3d. 1876
4. Place of Birth (Street and Number)	9 Water Strt
5. Full Name of Mother	Emilie Bauernfeit
6. Mother's Maiden Name	C. Henzig
7. Mother's Birthplace	Germania
8. Full Name of Father	Wilhem Bauernfeit
9. Father's Occupation	Baker
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 e. Pond strit
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11210

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 2nd
4. Place of Birth (Street and Number)	N° 5 Summers Alley
5. Full Name of Mother	Bridget Roshue
6. Mother's Maiden Name	Budget raven
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Roshue
9. Father's Occupation	Labore
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Flemming
Address	77. Albemarle, St
Remarks	Health Off.

11211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	3 d of May
4. Place of Birth (Street and Number)	Swan str No 6
5. Full Name of Mother	Loiza Antscheltz
6. Mother's Maiden Name	Jackson
7. Mother's Birthplace	New York
8. Full Name of Father	Frederikk Antscheltz
9. Father's Occupation	Ingeneur
10. Father's Birthplace	Germanija
Name of Medical Attendant, or other Person who makes this Return.	Cäcille Bernstein
Address	113 E. Lombardstr.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Invade

3. Date of Birth 3 May 1876.

4. Place of Birth (Street and Number) 115 South Howard. stret

5. Full Name of Mother

6. Mother's Maiden Name Mary. Seely.

7. Mother's Birthplace Maryland.

8. Full Name of Father James. Seely

9. Father's Occupation cabinet maker.

10. Father's Birthplace Maryland.

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberger.

Address 379 west. Pratt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

112.1.3

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 3d May 1876.
4. *Place of Birth (Street and Number)* 38 Fort Ave.
5. *Full Name of Mother* Dora Falk.
6. *Mother's Maiden Name* Dora Fei.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Otto Falk.
9. *Father's Occupation* Watchmaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29 Elizabeth Lane.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Refer Record of Vital Statistics to the City of Baltimore.

RETURN OF A BIRTH.

112,111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 2nd May 1876

4. *Place of Birth* (Street and Number) 12 Bond St

5. *Full Name of Mother* Annie Jane Gilloo

6. *Mother's Maiden Name* " Sweeney

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Patk Jos Gilloo

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Patk Casper

Address 52 E Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Records of Vital Statistics

RETURN OF A BIRTH.

112|6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 3d Sept 18 76

4. Place of Birth (Street and Number) 107 Eastern Ave

5. Full Name of Mother Lizzie Bunny

6. Mother's Maiden Name Boyle

7. Mother's Birthplace U. States of America

8. Full Name of Father Peter Bunny

9. Father's Occupation Box maker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Josiah Cooper

Address 107 E Eastern Ave

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112.16

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2d, 1876.
4. Place of Birth (Street and Number)	34 S. Bond St.
5. Full Name of Mother	Josephine V. C. Kraft
6. Mother's Maiden Name	" " " Peck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Kraft
9. Father's Occupation	Musician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger, M. D.
Address	# 243 Alice-Anna St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 6.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3rd May 1876
4. *Place of Birth (Street and Number)* 327 E Edgar St
5. *Full Name of Mother* Josephine Hawson Glanville
6. *Mother's Maiden Name* " Boice
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Robert Goulding Glanville
9. *Father's Occupation* Agt Northern Central R.R.
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return Geo. H. Hayson.

Address No. 18 Asquith St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11215

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 3.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3rd May 1876.
4. *Place of Birth (Street and Number)* No. 345 N. Ann.
5. *Full Name of Mother* Mary Isabelle Yingling.
6. *Mother's Maiden Name* Bolgs
7. *Mother's Birthplace* Balto. County. Md.
8. *Full Name of Father* John Paul Yingling
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Carroll County. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Grayson

Address No. 18 Aisquith St

Remarks

11219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3rd 1876
4. Place of Birth (Street and Number)	#26 Schlumer St. nr Read St. F.B.
5. Full Name of Mother	Cath. S. Schuyler Harthaus
6. Mother's Maiden Name	Cath. S. Schuyler
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Harthaus
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms
Address	Chapel St. F.B.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1876
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 ed child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 3 ed 1876
4. Place of Birth (Street and Number)	No 374 Light st
5. Full Name of Mother	Betty Aron
6. Mother's Maiden Name	Albrecht
7. Mother's Birthplace	Germany
8. Full Name of Father	David Aron
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohoasser midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

11221

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Second

1. Sex (*state whether Male or Female*) Female

2. Race or Color (*if not of the white race*) White

3. Date of Birth May 1

4. Place of Birth (*Street and Number*) 21 Barney St.

5. Full Name of Mother Geo. A. Wiecaff

6. Mother's Maiden Name L. Saunders

7. Mother's Birthplace Baltimore Maryland.

8. Full Name of Father Ed. A. Wiecaff

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 21 Barney St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fifth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 3rd
4. Place of Birth (Street and Number)	N. E. cor. Chew & Sommerset sts.
5. Full Name of Mother	Mary Jane Leach
6. Mother's Maiden Name	Waddle
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John Thomas Leach
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Chas. J. Kluebes M. D.
Address	222 N. Broadway
Remarks	

Penalty of Fifty Dollars.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11223.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 13.
4. Place of Birth (Street and Number)	19 Aro.
5. Full Name of Mother	Lillie Dunks
6. Mother's Maiden Name	Lillie Owens
7. Mother's Birthplace	Balt.
8. Full Name of Father	Henry Dunks
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt. Co.
Name of Medical Attendant, or other Person who makes this Return.	[redacted] Hillyard
Address	257 Mich. Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of the City of Baltimore.

11 22 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth. (12)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4/76.
4. Place of Birth (Street and Number)	277 Hanover St.
5. Full Name of Mother	Mazie Carter
6. Mother's Maiden Name	" Hasman
7. Mother's Birthplace	Balto
8. Full Name of Father	John Carter
9. Father's Occupation	Asst Warden of Balto City Jail
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Kerl
Address	328 Fountain St
Remarks	Balto

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 4. 1876.
4. Place of Birth (Street and Number)	423 E. Monument St.
5. Full Name of Mother	Josephine Lee,
6. Mother's Maiden Name	Josephine Owen.
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Lee,
9. Father's Occupation	Hostler,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. B. Hancock M.D.
Address	75 E. Balt. St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11226

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 4 1876

4. Place of Birth (Street and Number) N 26 Read

5. Full Name of Mother Elizabeth Taylor B Sullivan

6. Mother's Maiden Name Elizabeth T. Buchanan

7. Mother's Birthplace Talbot Co. Maryland

8. Full Name of Father Felix Robertson Sullivan

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E. Chatard M.D

Address N 114 Park Ave

Remarks

11297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4. 1876
4. Place of Birth (Street and Number)	136 S Bond
5. Full Name of Mother	Mary M. Berger
6. Mother's Maiden Name	Mary M. Weber
7. Mother's Birthplace	Md
8. Full Name of Father	Frederick Berger
9. Father's Occupation	—
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram M Arnold
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* May 6th 1876
4. *Place of Birth* (Street and Number) No 48 South Wolf St.
5. *Full Name of Mother* Josephine Reis.
6. *Mother's Maiden Name* " " Weigard
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Ferdenant Reis.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Louis Wolfram.

Address No. 175 South Eden St.

Remarks

Penal Clause of the Health Laws of the State of Maryland.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 4th 1876
4. *Place of Birth (Street and Number)* 146 Hillen St
5. *Full Name of Mother* Ellen Noakes
6. *Mother's Maiden Name* Ellen Brinton
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* James Noakes
9. *Father's Occupation* Printer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Ursula P Chrismer

Address 129 E. Monument St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112230

Over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~) Name William Clarence Curley

2. Race or Color (if not of the white race)

3. Date of Birth May 4th 1876

4. Place of Birth (Street and Number) 335 N Lombard St

5. Full Name of Mother Margaret Anne Curley

6. Mother's Maiden Name de de Gault

7. Mother's Birthplace 335 N Lombard St Baltimore

8. Full Name of Father Charles Henry Curley

9. Father's Occupation Book Keeper

10. Father's Birthplace 151 Park Ave Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. Howard, M. D.

Address 181 Madison Ave

Remarks Labor "easy & natural"

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112.31

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 4th May 1876.
4. *Place of Birth (Street and Number)* 209. Battery Ave.
5. *Full Name of Mother* Salina Myers.
6. *Mother's Maiden Name* Salina Plitt.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Myers.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Harner

Address No 29. Elizabeth Lane.

Remarks

RETURN OF A BIRTH.

112.32

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4 1876
4. Place of Birth (Street and Number)	1114 N. Broadway
5. Full Name of Mother	Emma F. M. Thorp
6. Mother's Maiden Name	" " Audenried
7. Mother's Birthplace	Balto. city
8. Full Name of Father	William H. M. Thorp
9. Father's Occupation	Furniture Manufacturer
10. Father's Birthplace	Adams Co. Penna.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	305 Aisquith St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

112,33

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 4th 1876

4. Place of Birth (Street and Number) No 107, Hamburg St

5. Full Name of Mother Emma Layton

6. Mother's Maiden Name Emma Cheveral

7. Mother's Birthplace Virginia

8. Full Name of Father Jas Layton

9. Father's Occupation House Painter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. H B Stobbe MD

Address 4 17 Eamer av

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11,234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4th 1876.
4. Place of Birth (Street and Number)	Maternite 163 W Lombard St
5. Full Name of Mother	Helen Virginia Wallace.
6. Mother's Maiden Name	Helen Virginia Hunt.
7. Mother's Birthplace	Huntsville Alabama.
8. Full Name of Father	Gordon Girard Wallace.
9. Father's Occupation	Farmer.
10. Father's Birthplace	Huntsville. Alabama.
Name of Medical Attendant, or other Person who makes this Return.	Wm H Rodes. M.D Resdt. Physician
Address	Maternite 163 W. Lombard St. Balt.
Remarks	

RETURN OF A BIRTH.

11235

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2. Seventh

1. *Sex* (*state whether Male or Female*) Boy

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 4 May

4. *Place of Birth* (*Street and Number*) 47 Lancaster Str

5. *Full Name of Mother* Mr. Baresh

6. *Mother's Maiden Name* " " Henrietta

7. *Mother's Birthplace* Haderic Bohemia

8. *Full Name of Father* Fil. Baresh

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Hohemia Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 47 Lancaster

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 4th 10 1/2 P. M. 1876
4. *Place of Birth (Street and Number)* 237 Jefferson
5. *Full Name of Mother* Mrs Mary E Bankard
6. *Mother's Maiden Name* " " "
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Mr ———
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Jamie E Donnelle M.D

Address 299 E Balto St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

112.37

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	May 4th 1876
4. Place of Birth (Street and Number)	No 169 Dallas st
5. Full Name of Mother	Mary Louisa Grooms
6. Mother's Maiden Name	Mary Louisa Lattimore
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Theodore L. Groom's
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M. D
Address	No 18 Jackson Square
Remarks	Balt. City Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 4th 76

4. *Place of Birth* (Street and Number) 210 Aliceanna St

5. *Full Name of Mother* Kate Stevens

6. *Mother's Maiden Name* Kate Simmons

7. *Mother's Birthplace* North Hampton England

8. *Full Name of Father* Edward Stevens

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* North Hampton England

Name of Medical Attendant, or other Person who makes this Return. Peter G Wandland Jr

Address 203 N Gaunbard st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Birth, 25 cents.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4th 1876
4. Place of Birth (Street and Number)	388 Boulevard Ave
5. Full Name of Mother	Catherine Mary West
6. Mother's Maiden Name	Catherine Mann
7. Mother's Birthplace	American
8. Full Name of Father	Garretson West.
9. Father's Occupation	Baker.
10. Father's Birthplace	American
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary L. Simms
Address	#178 E Chestnut St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty for Neglect of this Duty, Fifty Dollars.

RETURN OF A BIRTH.

11 2 110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd	2nd
1. Sex (state whether Male or Female)	Female	Female
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	May 5th	May 5th 1876
4. Place of Birth (Street and Number)	190 E. Mo. ave	190 E. Mount Avenue
5. Full Name of Mother	Mary Rose McGovern	Mary Rose McGovern
6. Mother's Maiden Name	" " Anderson	" " Anderson
7. Mother's Birthplace	Md	Baltimore
8. Full Name of Father	Jas P. McGovern	Jas P. McGovern
9 Father's Occupation	Contractor	Contractor
10. Father's Birthplace	Ireland	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds M.D.	
Address	34 N. Calvert St.	
Remarks		

RETURN OF A BIRTH.

11241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* ~~May 5th~~

3. *Date of Birth* May 5th 76

4. *Place of Birth (Street and Number)* 664 W Lombard St

5. *Full Name of Mother* Emma Weber

6. *Mother's Maiden Name* Emma Heidmann

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* August Weber

9. *Father's Occupation* Paying Teller in German Bank

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. A. Heidmann M D

Address 120 Pearl St

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11242

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 8th 1876

4. Place of Birth (Street and Number) 1 2d above Penn St

5. Full Name of Mother Catherine Elizabeth

6. Mother's Maiden Name Kerby

7. Mother's Birthplace Balto Co

8. Full Name of Father David Caldera

9. Father's Occupation Polisher

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. E Williams MD

Address West Eliz[illegible] St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peel Record of Vital Statistics in the City of Baltimore.

112,43

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Black
3. *Date of Birth* May 6th 1876
4. *Place of Birth* (*Street and Number*) 11 Gill Somerset st.
5. *Full Name of Mother* Fanny Robinson
6. *Mother's Maiden Name* Fanny Simpson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Robinson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Magruder

Address 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

112,411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Collard
3. *Date of Birth* may 5.
4. *Place of Birth* (Street and Number) no 8 jefferson st east
5. *Full Name of Mother* miss Dolly fatoro
6. *Mother's Maiden Name* unmarried
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs leah fatoro

Address healthy child

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex (state whether Male or Female)* [redacted] male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th of May
4. *Place of Birth (Street and Number)* Baltimore. Bennie st no 20
5. *Full Name of Mother* Cathrine. Elizabeth. Caulder
6. *Mother's Maiden Name* " " Kirby
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Daniel. Caulden
9. *Father's Occupation* trader Polisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa. Wiley & Dr. Williams

Address 1612 patterson park Ave. Canton

Remarks

Dup. See 11242 -

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11246

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d ll

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th ll of May 1876
4. *Place of Birth (Street and Number)* Cor. of Fayette & Caroline
5. *Full Name of Mother* M. Burkhart.
6. *Mother's Maiden Name* M. Walter
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Burkhart.
9. *Father's Occupation* Liquors
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. May Walter

Address 121 N. Caroline st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11247

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Männlich.
2. *Race or Color (if not of the white race)* weiß
3. *Date of Birth* d. 5. Mai 1876.
4. *Place of Birth (Street and Number)* Canton. Elliott St. 156.
5. *Full Name of Mother* Louise Herz.
6. *Mother's Maiden Name* Carmen.
7. *Mother's Birthplace* Württemberg.
8. *Full Name of Father* Wilhelm Herz.
9. *Father's Occupation* Küfer.
10. *Father's Birthplace* Württemberg.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 6 Donnell St.

Remarks

11245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8ter Child

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Mai 5th 1876
4. *Place of Birth* (Street and Number) N. Central Av. No. 59
5. *Full Name of Mother* Wilhelmine Lindenstruth
6. *Mother's Maiden Name* Wilhelmine Hebbel
7. *Mother's Birthplace* Orbenberg. Gr. Hessen Germany
8. *Full Name of Father* August W. Lindenstruth
9. *Father's Occupation* Restaurateur
10. *Father's Birthplace* Heinz. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Gallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 6 1876.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* May 5th 1876
4. *Place of Birth* (Street and Number) No 264 Ann St.
5. *Full Name of Mother* Mary Sigrist
6. *Mother's Maiden Name* Mary Weiss.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lewis Sleigrist
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Arnold

Address No 137 Wolfe St.

Remarks —

11250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th/76.
4. Place of Birth (Street and Number)	And st No 328
5. Full Name of Mother	Margret Lange
6. Mother's Maiden Name	Bukler
7. Mother's Birthplace	Bayern Germ.
8. Full Name of Father	Geo Lange
9. Father's Occupation	Laborer
10. Father's Birthplace	Bamberg. Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	Premature Labor No 320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th May 1876
4. Place of Birth (Street and Number)	3 Carlisle Pl.
5. Full Name of Mother	Margaret Mary
6. Mother's Maiden Name	Byrle
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jno Harris
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Daniel Cooper
Address	52 Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11252

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 5th 1876
4. Place of Birth (Street and Number)	33 Uniform St
5. Full Name of Mother	Adelaide Meyer
6. Mother's Maiden Name	" " Sweitzer
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Meyer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie McGonigle M.D.
Address	214 Preston St
Remarks	

112553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 12 30 A M. 1876
4. *Place of Birth (Street and Number)* 12 S. Dallas
5. *Full Name of Mother* Mrs Minna Welch
6. *Mother's Maiden Name* " " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E Donville MD

Address 299 E Baltimore St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first one

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* May 6 1876
4. *Place of Birth (Street and Number)* Mary n St 12
5. *Full Name of Mother* Mary Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* N Virginia
8. *Full Name of Father* Wm Johnson
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Baltimore Md U.S.

Name of Medical Attendant, or other Person who makes this Return. Mary Benson

Address 729 Hanover Street

Remarks She is Remarkable Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 76
4. Place of Birth (Street and Number)	120 N Bond Corner of St
5. Full Name of Mother	Louisa Lukasky
6. Mother's Maiden Name	Louisa Lukasky
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Lukasky
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Edward Hamilton M.D.
Address	120 N Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics of the City of Baltimore.

11256

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
23
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) serry finde day

1. Sex (state whether Male or Female) female Chile

2. Race or Color (if not of the white race) Colord

3. Date of Birth May 5

4. Place of Birth (Street and Number) Wayn st 11

5. Full Name of Mother Mandy parker

6. Mother's Maiden Name Mandy Johnson

7. Mother's Birthplace anderson county

8. Full Name of Father ike parker

9. Father's Occupation Water

10. Father's Birthplace Baltimor city

Name of Medical Attendant; or other Person who makes this Return. Mary dossey

Address hemetia st

Remarks five dollars

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 6th 1876

4. *Place of Birth (Street and Number)* 1120 S. Caroline St.

5. *Full Name of Mother* Mary S. Gressang

6. *Mother's Maiden Name* M. S. Barbe Gina

7. *Mother's Birthplace* Baden

8. *Full Name of Father* Lorenz Gressang

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. W. Geddes

Address 23 S. Durham St

Remarks

Vital Records of the State of Maryland—City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

11235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 6.
4. Place of Birth (Street and Number)	Madison ave
5. Full Name of Mother	Fredricka Ehrig
6. Mother's Maiden Name	Fredricka Benders
7. Mother's Birthplace	Germany
8. Full Name of Father	John Ehrig
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	257 Madison ave
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112.39

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

Name: William Heyhe Jr

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 6 d.
4. *Place of Birth (Street and Number)* 320 E. Monument Street
5. *Full Name of Mother* Anna ~~Louisa~~ ~~Heyhe~~ Steiner
6. *Mother's Maiden Name* " ~~Heyhe~~
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* William ~~Heyhe~~ Heyhe
9. *Father's Occupation* Roeler
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Marie R. Riedinger

Address 134 N. Bond Strit

Remarks

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Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

11260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	6 of May 1876
4. Place of Birth (Street and Number)	No 27 McDonough st
5. Full Name of Mother	Susan Alverta Gibson
6. Mother's Maiden Name	Susan Alverta Griffin
7. Mother's Birthplace	Trappe Talbert Co Md.
8. Full Name of Father	Henry Gibson
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Alexander. Va
Name of Medical Attendant, or other Person who makes this Return.	This is to certify Charlott Wilson
Address	has attended me with my first child
Remarks	and thouroughly understand her business No 6 Jew alley

11261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1876
4. *Place of Birth (Street and Number)* 344 Mc Donough St
5. *Full Name of Mother* Susanna H. Wells
6. *Mother's Maiden Name* Susanna H. Louve
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ezekiel Wells
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda Marine

Address 327 E. Monument Street

Remarks

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 6
4. Place of Birth (Street and Number)	Canton Av
5. Full Name of Mother	Eva Balsten
6. Mother's Maiden Name	" Ritterbusch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Balsten
9. Father's Occupation	Oystermann
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	161 E. Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11263

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 6 1876

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1876.
4. *Place of Birth (Street and Number)* No 6 Castle St.
5. *Full Name of Mother* Mary Foston
6. *Mother's Maiden Name* Mary Davis
7. *Mother's Birthplace* American.
8. *Full Name of Father* Robert Foston
9. *Father's Occupation* Boiler.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. M. M. Amend.

Address No 137 S Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Negro

3. Date of Birth May 6th 1876

4. Place of Birth (Street and Number) No 12 Wayne St

5. Full Name of Mother Rosella Johns

6. Mother's Maiden Name Rosetta Anderson

7. Mother's Birthplace Wycomico Co Md

8. Full Name of Father Wm. A. Johns

9. Father's Occupation Coal dealer

10. Father's Birthplace Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Mund

Address No 23 S. Eutaw St

Remarks

11265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1876
4. Place of Birth (Street and Number)	Baltimore Cregan at No. 88
5. Full Name of Mother	Elizebeth Sewell
6. Mother's Maiden Name	Freeburger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Sewell
9. Father's Occupation	Moulder
10. Father's Birthplace	Washington
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 98 Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Received by Vital Statistics Office.

11266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	No 19 Harris Alley
5. Full Name of Mother	Ann
6. Mother's Maiden Name	Ward
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Horton
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E J Williams M D
Address	1st & 2d Wards P.H.
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 7th day of May

4. Place of Birth (Street and Number) Harper Street No 22

5. Full Name of Mother Kunikunda Gibson

6. Mother's Maiden Name Mrs ~~Hurley~~ Theresinda Gurney.

7. Mother's Birthplace Saxon, Prussia

8. Full Name of Father Peter Gibson

9. Father's Occupation Tailor

10. Father's Birthplace Prussian Saxon Prussia

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Patterson Park avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 7/76

4. Place of Birth (Street and Number) 253 South St.

5. Full Name of Mother Caroline Bremiller

6. Mother's Maiden Name " Price

7. Mother's Birthplace Balto.

8. Full Name of Father John Henry Bremiller

9. Father's Occupation Tool Grinder

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 828 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Violation of Section 8 of Ordinance.

11269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 7. 1876

4. Place of Birth (Street and Number) 16 Harris st

5. Full Name of Mother Eliza ~~Dilmuth~~ O'Connel

6. Mother's Maiden Name Eliza Dilmuth

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Dan O'Connel

9 Father's Occupation Machinist

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 135 Lombard st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

ired Record of Vital Statistics in the City of Baltimore.

11270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 7th March 1876

4. Place of Birth (Street and Number) 131 N. Eutaw St.

5. Full Name of Mother Margaret Leadby

6. Mother's Maiden Name Taylor

7. Mother's Birthplace U. States of America

8. Full Name of Father Leonard Leadby

9. Father's Occupation Teacher

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Leonard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	7 of May
4. Place of Birth (Street and Number)	Herrisonstr 79
5. Full Name of Mother	Josephine Hammerschmiedt
6. Mother's Maiden Name	— — — Harjemann
7. Mother's Birthplace	Böhmen
8. Full Name of Father	Jacob Hammerschmidt
9. Father's Occupation	peddler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cäcilie Bernstein
Address	113 E. Lombardstr.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 & 9

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* Baltimore Md. May 7th 1876
4. *Place of Birth* (Street and Number) No 103 Chapel st.
5. *Full Name of Mother* Elizabeth Walters Thomas.
6. *Mother's Maiden Name* Elizabeth Walters.
7. *Mother's Birthplace* Annuendale Co.
8. *Full Name of Father* John Thomas.
9. *Father's Occupation* Carter.
10. *Father's Birthplace* Prince George Co.

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyle.

Address 247 Preaklands st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	d. 7 Mai 1876.
4. Place of Birth (Street and Number)	Canton Langeste St.
5. Full Name of Mother	Caroline Feierle
6. Mother's Maiden Name	Scholz.
7. Mother's Birthplace	Preuß.
8. Full Name of Father	Friedrich Brüske
9. Father's Occupation	Leinbauer.
10. Father's Birthplace	Preuß.
Name of Medical Attendant, or other Person who makes this Return.	Dr Anna Rimmel.
Address	0 Donnell St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112774

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	#184 Chapel St. F.P.
5. Full Name of Mother	Maria Anna Henkel Leistner
6. Mother's Maiden Name	Maria A. Henkel
7. Mother's Birthplace	Germany
8. Full Name of Father	George Leistner
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Linn
Address	#178 Chapel St. F.P.
Remarks	"

11273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Femal
2. *Race or Color (if not of the white race)* wite
3. *Date of Birth* 4 May
4. *Place of Birth (Street and Number)* 47 Eager St
5. *Full Name of Mother* Sarah E King
6. *Mother's Maiden Name* Sarah E Reed
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Francis Marion King
9. *Father's Occupation* Molder
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden

Address 1274 east John street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11276

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 7th 1876
4. *Place of Birth (Street and Number)*	430 Canton ave
5. *Full Name of Mother*	Josephine Kress
6. *Mother's Maiden Name*	" Linck
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Peter Kress
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Bushmann
Address	120 Bank str
Remarks	

RETURN OF A BIRTH.

11277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulato

3. Date of Birth May 7th 76

4. Place of Birth (Street and Number) 35 Port street

5. Full Name of Mother Margaretha Linz

6. Mother's Maiden Name M. Schneider

7. Mother's Birthplace Germany

8. Full Name of Father Konrad Linz

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Koch

Address

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 7th 1876.
4. Place of Birth (Street and Number)	312 Mulberry
5. Full Name of Mother	Mary Ulner
6. Mother's Maiden Name	Mary A Rankle
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	George Ulner
9. Father's Occupation	Carver
10. Father's Birthplace	Bavarian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	56 Pearl Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 3d 1876

4. Place of Birth (Street and Number) No. 99 Parkin St

5. Full Name of Mother Alsenda Sophia Langhead

6. Mother's Maiden Name Alsenda Sophia Griffith

7. Mother's Birthplace Baltimore

8. Full Name of Father George Richard Larkinghead

9. Father's Occupation Seaman

10. Father's Birthplace Howard County

Name of Medical Attendant, or other Person who makes this Return. A. Pat. Colburn

Address 160 S. Price St

Remarks

11280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	No 936 Eastern Avenue
5. Full Name of Mother	Amelia Vogel
6. Mother's Maiden Name	Amelia Lohman
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Vogel
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Chester St
Remarks	Healthy Child; Dr Mansfield

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color'd
3. Date of Birth	born on the 7
4. Place of Birth (Street and Number)	No 90 Leadenhall St
5. Full Name of Mother	Mary Norris
6. Mother's Maiden Name	Mary Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Pinnigtegue Accamac Co
Name of Medical Attendant, or other Person who makes this Return.	Geo Sidney
Address	No 46 Peach alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	N. First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	67 Hampstead St Balto.
5. Full Name of Mother	Mary Copper
6. Mother's Maiden Name	Mary Maskell
7. Mother's Birthplace	Balto.
8. Full Name of Father	William Copper
9. Father's Occupation	Whf Builder
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1128.3

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12 1876
4. Place of Birth (Street and Number)	No 144 Saint Paul St
5. Full Name of Mother	Mary Latrobe
6. Mother's Maiden Name	Mary Mactier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Reynart Latrobe
9. Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Effie Butler MD
Address	135 N Charles St
Remarks	

RETURN OF A BIRTH.

112811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1876
4. *Place of Birth (Street and Number)* 139 Front St
5. *Full Name of Mother* Mary Callahan
6. *Mother's Maiden Name* Collins
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jerry Callahan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F Chrimes

Address 129 E. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

11285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Number 4

1. Sex (state whether Male or Female) Female Child

2. Race or Color (if not of the white race) Color of Child is Mulatto

3. Date of Birth Born on the 7 of May

4. Place of Birth (Street and Number) Place of birth French st 199

5. Full Name of Mother Mother Name Lidia Hagney

6. Mother's Maiden Name Maiden name Lidia Smith

7. Mother's Birthplace Mother birth place Saint Marys County

8. Full Name of Father Full Name of Father Charles Hagney

9. Father's Occupation Father occupation Sailor

10. Father's Birthplace Father birth place Easton shore

Name of Medical Attendant, or other Person who makes this Return. Mike wife Harriet Britten

Address No 186 Mulberry st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	No 415 N. Eary St
5. Full Name of Mother	Arabella Harr
6. Mother's Maiden Name	nee Waterhouse
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Jacob Harr
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	M.D. Ca Hanover & Barre Sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 7th 1876
4. Place of Birth (Street and Number)	156 Ensor Street
5. Full Name of Mother	Anna Maria Josepha Schneider
6. Mother's Maiden Name	" " " " " " Stenger
7. Mother's Birthplace	Germany
8. Full Name of Father	Sebastian Schneider
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Müller
Address	165 Sterling Street,
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty, Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	48 Clay St
5. Full Name of Mother	Anna Spindler
6. Mother's Maiden Name	" " Otto
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Spindler
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Thesenfelt (Midwife)
Address	214 Preston St
Remarks	

11289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex* (state whether Male or Female) [illegible]
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11th May 1876
4. *Place of Birth* (Street and Number) South Eastern corner of [illegible]
5. *Full Name of Mother* Kate Rice
6. *Mother's Maiden Name* Kate Sunderlin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Kane [illegible]
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Cassilear Runkle

Address 11 North Chapel St for John Kane

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ndvise at the birth of any child; within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 8th 1876.
4. *Place of Birth (Street and Number)* No. 4. Peach Alley. Baltimore
5. *Full Name of Mother* Hester Grofs.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Calvert County. Md.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Milly. Grofs

Address No 1. Patapsco Avenue.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11291

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	a —
3. Date of Birth	May 8th 1876,
4. Place of Birth (Street and Number)	143 Battery Av,
5. Full Name of Mother	Emma M. Abbott.
6. Mother's Maiden Name	J. " " Smith.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	J. Walter, Abbott,
9. Father's Occupation	Salesman
10. Father's Birthplace	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	K. J. H. Tall, M.D,
Address	15 S. P. Sharp St,
Remarks	Child Healthy

RETURN OF A BIRTH.

11292

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8th 1876
4. Place of Birth (Street and Number)	342 E. Fayette st Balt
5. Full Name of Mother	Ema G. Clarke
6. Mother's Maiden Name	Ema G Buchlefs
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Stephen G. Clarke
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	John A Conner
Address	N W Cor Broadway & Balt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8
4. Place of Birth (Street and Number)	Eight st No. 14
5. Full Name of Mother	Lisse Liefenbach.
6. Mother's Maiden Name	Lisse Lee.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Diefenbach
9. Father's Occupation	Bucher
10. Father's Birthplace	Oberirren
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	West St No 1,28
Remarks	

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8
4. Place of Birth (Street and Number)	Fort St. No. 91
5. Full Name of Mother	Lizzie McAdams
6. Mother's Maiden Name	Lizzie Fuller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Elijah McAdams
9. Father's Occupation	Store Keeper
10. Father's Birthplace	County Fermanagh.
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	West St. No. 128
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

11293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* ~~Mulatto~~ White

3. *Date of Birth* May 8th 1876.

4. *Place of Birth (Street and Number)* 328 Hamburg St.

5. *Full Name of Mother* Eliza Bittger

6. *Mother's Maiden Name* " Jinkins

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Conrad Bittger.

9. *Father's Occupation* Varnisher

10. *Father's Birthplace* Kur. Hessen

Name of Medical Attendant, or other Person who makes this Return. Max Koch

Address 328 South Eutaw St.

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 8 Mai 1876
4. Place of Birth (Street and Number)	No 125 N Schroder St Baltimore
5. Full Name of Mother	Mary Ellen Bentzel
6. Mother's Maiden Name	Mary Ellen Switzer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harvey J Bentzel
9. Father's Occupation	Coach Smith
10. Father's Birthplace	York Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Mrs Tomley
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

11297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	8th May 1876.
4. Place of Birth (Street and Number)	44 Fleet Str. (Upper)
5. Full Name of Mother	Anna Elisabeth
6. Mother's Maiden Name	Bruch
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Clemens
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Edward Cooper
Address	52 Lombard Str
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics.

11298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 8

4. Place of Birth (Street and Number) 49 E. Baltimore St.

5. Full Name of Mother Marianna Bischoph

6. Mother's Maiden Name Claassen

7. Mother's Birthplace Germanny

8. Full Name of Father Henry Bischoph

9. Father's Occupation Store Keeper

10. Father's Birthplace Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Fratt St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 8th 1876

4. Place of Birth (Street and Number) 13 Arlington Av.

5. Full Name of Mother Mary Blunt

6. Mother's Maiden Name Mary Rourke

7. Mother's Birthplace Ireland

8. Full Name of Father Augustus Blunt

9. Father's Occupation Bristle Finishers Journeyman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. S. Taylor M.D.

Address 543 Lexington Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 1876

4. Place of Birth (Street and Number) Corner Gough & Baltimore

5. Full Name of Mother Annie Steinbrecher

6. Mother's Maiden Name Annie Bopp

7. Mother's Birthplace Germany

8. Full Name of Father Henry Steinbrecher

9. Father's Occupation Store keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Gatch

Address 9 H & Baltimore

Remarks

11301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth may 8

4. Place of Birth (Street and Number) 124 north fulton st

5. Full Name of Mother mary Elizabeth Bonter

6. Mother's Maiden Name mary Elizabeth moore

7. Mother's Birthplace Baltimore

8. Full Name of Father John Bonter

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. miss Leah Johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11.302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	May 8th 1876.
4. Place of Birth (Street and Number)	90 Lee St.
5. Full Name of Mother	Emma Byrns
6. Mother's Maiden Name	" Brown.
7. Mother's Birthplace	Havre de Grace, Md.
8. Full Name of Father	Stanley. Byrns
9. Father's Occupation	Sailor
10. Father's Birthplace	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	

11303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 8th 76

4. Place of Birth (Street and Number) 119 N. Gay St Baltimore Md

5. Full Name of Mother Mary Alice Smith

6. Mother's Maiden Name Mary Alice Olin

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father Geny E Edwin Smith

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Isabella Olin

Address 119 N. Gay St Baltimore Md

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11302

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: John Edward Sauerhoff

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	8th May 1876
4. Place of Birth (Street and Number)	192 Montgomery st
5. Full Name of Mother	Kate Sauerhoff
6. Mother's Maiden Name	Koale Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Sauerhoff
9. Father's Occupation	S. Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr W Metcalf
Address	57 Bank st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

11305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
MAY 13
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	8th May
4. Place of Birth (Street and Number)	Hanover Str.
5. Full Name of Mother	Cate Rater
6. Mother's Maiden Name	Conley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Rater
9. Father's Occupation	workenmann
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Cecilie Bernstein
Address	113 E. Lombard str.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Three
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	8. of May
4. Place of Birth (Street and Number)	corner Rear Biddel St
5. Full Name of Mother	Victoria Elisabeth Mitel
6. Mother's Maiden Name	dito dito Bidde
7. Mother's Birthplace	Maryland
8. Full Name of Father	Richart Mitel
9. Father's Occupation	Blacksmitz
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Victoria Elisabeth Bidde
Address	corner No 100, Biddel St.
Remarks	living

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

11307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 9th 1876

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 8th 1876
4. *Place of Birth (Street and Number)* No 215 Canton Ave.
5. *Full Name of Mother* A. Jacobsen
6. *Mother's Maiden Name* A. Lüüf.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Jacobsen.
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S Wolfe St.

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 8. 1877
4. *Place of Birth (Street and Number)* Central Ave near Ch 324
5. *Full Name of Mother* Elisabeth Helfrich
6. *Mother's Maiden Name* Elisabeth Otto
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Jake Helfrich
9. *Father's Occupation* Painter
10. *Father's Birthplace* born in Hanover, Adams county Pa

Name of Medical Attendant, or other Person who makes this Return, Wallinger M.D.

Address Sterling St near Ch.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	8 May 1876 11½ o'clock P.M.
4. Place of Birth (Street and Number)	No 4 Milleman Street
5. Full Name of Mother	Theresia Horn
6. Mother's Maiden Name	Theresia Mistelbrunk
7. Mother's Birthplace	Prussia
8. Full Name of Father	Friedrich Horn
9. Father's Occupation	maschenist
10. Father's Birthplace	Grünstadt (Bavaria)
Name of Medical Attendant, or other Person who makes this Return.	
Address	Johanna Fetzer
Remarks	No 4 Philpot Alley

11310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether ~~Male~~ or Female)* ---
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 9th
4. *Place of Birth (Street and Number)* 447 W. Fayette st
5. *Full Name of Mother* L. H. Mantzell
6. *Mother's Maiden Name* L. J. Frazier
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Mantzell
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. Griffith M.D.

Address 117 W. Madison st.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 9th 1876.
4. Place of Birth (Street and Number)	15 Entre Market Space
5. Full Name of Mother	Anna L. Kearney
6. Mother's Maiden Name	Anna L. Darby
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Edward Kearney
9. Father's Occupation	Clerk.
10. Father's Birthplace	New York.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell. M.D.
Address	722 E. Balt St.
Remarks	Child - Vigorous and healthy.

rect Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11312

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* May 9
4. *Place of Birth* (Street and Number) 1 Browns alley No 11
5. *Full Name of Mother* Margret Saunders
6. *Mother's Maiden Name* Margret Cook
7. *Mother's Birthplace* Caloverill
8. *Full Name of Father* Geary Saunders
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Rural County

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Saunders

Address

Remarks

11313.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 9
4. *Place of Birth (Street and Number)* Little Pine st. No 7
5. *Full Name of Mother* Emeale Shepard
6. *Mother's Maiden Name* Emeale Martin
7. *Mother's Birthplace* Gatonsville
8. *Full Name of Father* Asbary Shepard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Caston Chas Federal burgh

Name of Medical Attendant, or other Person who makes this Return. Sarah Smothers

Address

Remarks

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1st 1876
4. Place of Birth (Street and Number)	No. 1 Noe Henry St
5. Full Name of Mother	Ruth Ann Hutchinson
6. Mother's Maiden Name	Ruth Ann Reisinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Hutchinson
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A W. Gotwerm
Address	166 S. Paca St
Remarks	

11315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May Ninth 1876.

4. *Place of Birth (Street and Number)* 23 Ramsay St

5. *Full Name of Mother* Mazia Schultz

6. *Mother's Maiden Name* Billips

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Baltimore

9. *Father's Occupation* Varnisher

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 2
4. *Place of Birth (Street and Number)* No 243 Bond St
5. *Full Name of Mother* Martha Seyelken
6. *Mother's Maiden Name* " Leisse
7. *Mother's Birthplace* Hannover
8. *Full Name of Father* Fred Seyelken
9. *Father's Occupation* Labor
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this Return. Reginald Heidlage

Address No 289 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11317

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Tuesday May the 9 1876
4. Place of Birth (Street and Number)	Gault House Lane No 3
5. Full Name of Mother	Carly M. Steward
6. Mother's Maiden Name	M M. Blake
7. Mother's Birthplace	Centerville Md.
8. Full Name of Father	Osha Steward
9. Father's Occupation	Waiter
10. Father's Birthplace	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	112 Sharp St Alley.
Remarks	

RETURN OF A BIRTH.

11,315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth May 9th 76

4. Place of Birth (Street and Number) 35 Wrenth St

5. Full Name of Mother Colleen Fulton

6. Mother's Maiden Name Ipsnell

7. Mother's Birthplace Carroll Co Md

8. Full Name of Father William Jr. Fulton

9. Father's Occupation Mechanic

10. Father's Birthplace Laurel Md

Name of Medical Attendant, or other Person who makes this Return. Allegrucy

Address 76 S Paca St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
H
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether ~~Male~~ or Female)	White
2. Race or Color (if not of the white race)	May 9th 26
3. Date of Birth	3 la Franklin st
4. Place of Birth (Street and Number)	Carrie McKinless
5. Full Name of Mother	McComas
6. Mother's Maiden Name	Balto Co
7. Mother's Birthplace	Chas A McKinless
8. Full Name of Father	merchant
9. Father's Occupation	New York
10. Father's Birthplace	Attorney
Name of Medical Attendant, or other Person who makes this Return.	76 E Pacca St
Address	
Remarks	

11320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th.
1. Sex (state whether Male or Female)	Girl.
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of May 1876.
4. Place of Birth (Street and Number)	167 North Eden st.
5. Full Name of Mother	M. E. Hochadel
6. Mother's Maiden Name	E. Lester.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	J. H. Hochadel
9. Father's Occupation	Baker.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Jay Walker
Address	126 N. Caroline.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 9th 1876.
4. Place of Birth (Street and Number)	No 15. Arlington Ave North.
5. Full Name of Mother	Catharine McNelson
6. Mother's Maiden Name	Catharine Matthew
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Henry Nicholson
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Sluyter MD
Address	543 Lexington St
Remarks	

11322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 15 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth May 9th 1876

4. Place of Birth (Street and Number) Chew Street No 23

5. Full Name of Mother Louisa Caroline Clark

6. Mother's Maiden Name Keith

7. Mother's Birthplace Texas

8. Full Name of Father Samuel Benedict Alphonso Clark

9. Father's Occupation Painting Paper & Paste

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C C Ellis Attending Phys

Address 195 N Eaton St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th
4. Place of Birth (Street and Number)	175 E. Lombard st Balto.
5. Full Name of Mother	Ida V. Coleman ~~Ida V Brown~~
6. Mother's Maiden Name	Ida V Coleman
7. Mother's Birthplace	Ida V Coleman Gloucester Gloucester Co Va
8. Full Name of Father	John H Brown
9. Father's Occupation	Segar maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary E Price
Address	196 N Broadway Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 9th 1876
4. Place of Birth (Street and Number)	330 Sharp Street
5. Full Name of Mother	Elise Schaub
6. Mother's Maiden Name	" " Klein
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Schaub
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

11393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 9th 1876
4. Place of Birth (Street and Number)	414 Charles Street
5. Full Name of Mother	Christine Engel
6. Mother's Maiden Name	" " " Kramer
7. Mother's Birthplace	Germany
8. Full Name of Father	Mathias Engel
9. Father's Occupation	Printer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 9

4. Place of Birth (Street and Number) 252 S. Dallas St.

5. Full Name of Mother Elisa Schwef

6. Mother's Maiden Name Heis

7. Mother's Birthplace Baltimore

8. Full Name of Father John Schwef

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 151 E Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11327

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* May 4th 1876
4. *Place of Birth* (Street and Number) Chesnut Street court back no number
5. *Full Name of Mother* Elizabeth Bell
6. *Mother's Maiden Name* Elizabeth Neal
7. *Mother's Birthplace* Prince George County Md
8. *Full Name of Father* John Joseph Bell
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Chesnut Alley

Name of Medical Attendant, or other Person who makes this Return. Sophia Heines

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11328

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 9th of May 1876

4. Place of Birth (Street and Number) Madeira alley 160

5. Full Name of Mother Catherine Drinks

6. Mother's Maiden Name Catherine Dinghs

7. Mother's Birthplace Baltimor City

8. Full Name of Father Charles Drinks

9. Father's Occupation Brickmaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 13 3. Choptank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 9th 1876
4. Place of Birth (Street and Number)	299 Forest St
5. Full Name of Mother	Mary E Brent
6. Mother's Maiden Name	" " Quinn
7. Mother's Birthplace	Balto Co. Maryland
8. Full Name of Father	Jesse Brent
9. Father's Occupation	N Central Rail Road Conductor
10. Father's Birthplace	Balto Co. Maryland.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

11330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 9th 1876
4. Place of Birth (Street and Number)	94 Somerset Street,
5. Full Name of Mother	Eva Goszman
6. Mother's Maiden Name	" " Salenter
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Goszman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Müller
Address	165 Stirling Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10ter Child

1. *Sex* (state whether ~~Male or~~ Female) 1
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Mai 9th 1876
4. *Place of Birth* (Street and Number) N. Dallas St. No 27.
5. *Full Name of Mother* Mary C. Lang
6. *Mother's Maiden Name* Mary C. Singler
7. *Mother's Birthplace* Ellenstein. Kr. Würtemberg Germany
8. *Full Name of Father* Friedrich Lang
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Walldorf. K. Würtemberg. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11332

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10. 1876
4. Place of Birth (Street and Number)	128 Columbia Ave
5. Full Name of Mother	Emma Eastorley Stickel
6. Mother's Maiden Name	Eastorley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harrison F. Stickel
9. Father's Occupation	Mechanic
10. Father's Birthplace	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return.	W. H. Kemble M.D. 5 & N Green st
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11335

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10th 1876
4. *Place of Birth (Street and Number)* 403 S. Caroline St.
5. *Full Name of Mother* Anna Weis
6. *Mother's Maiden Name* Anna Beck
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Adam Weis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Wm. Lockerer

Address 223 Durham St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

113311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11th 1876
4. *Place of Birth (Street and Number)* No 67 Hay St
5. *Full Name of Mother* Amelia Salzmann
6. *Mother's Maiden Name* Amelia Kessel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michael Salzmann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno H Wagner

Address No 61 Townsend St

Remarks

11.333

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 10th 76

4. Place of Birth (Street and Number) No 385 W Pratt St

5. Full Name of Mother Frederica Schneider

6. Mother's Maiden Name Frederica Lungs

7. Mother's Birthplace Wurtemburg Germany

8. Full Name of Father Johan Nickel Schneider

9. Father's Occupation Shoemaker

10. Father's Birthplace Wurtemburg Germany

Name of Medical Attendant, or other Person who makes this Return. Robt H Woodall Esq

Address No 203 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 10th of May 1876

4. *Place of Birth (Street and Number)* 12 Frank[illegible]

5. *Full Name of Mother* Frances Griffin

6. *Mother's Maiden Name* Brady

7. *Mother's Birthplace* United States of America

8. *Full Name of Father* Samuel Griffin

9. *Father's Occupation* Laborer

10. *Father's Birthplace* United States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 12 Gough Court

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10th 1876
4. *Place of Birth (Street and Number)* 82 Lidenhall st
5. *Full Name of Mother* Elizabeth Flickinman
6. *Mother's Maiden Name* Elizabeth Brump
7. *Mother's Birthplace* Baden Germany
8. *Full Name of Father* Andrew Flickinman
9. *Father's Occupation* Box Maker
10. *Father's Birthplace* Bazen Germany

Name of Medical Attendant, or other Person who makes this Return Mr. M. Sweeny

Address No 32 Lidenhall Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 10 th 1876
4. Place of Birth (Street and Number)	869 William st
5. Full Name of Mother	Wilhelmine Kapps
6. Mother's Maiden Name	Kuhn
7. Mother's Birthplace	Americ
8. Full Name of Father	Frank Kapps
9. Father's Occupation	Paperhangings
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	J. Lobwasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th
4. Place of Birth (Street and Number)	64 W Baltimore St
5. Full Name of Mother	Henrietta Strauss
6. Mother's Maiden Name	Henrietta Franks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eleazer Strauss
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address	14 Mulberry St.
Remarks	Child - healthy -

rect Record of Vital Statistics in the City of Baltimore.

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113110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ds Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 10th 1876.
4. *Place of Birth (Street and Number)* Pleasant Aly. No 4.
5. *Full Name of Mother* Elisabetha Brand.
6. *Mother's Maiden Name* Elisabetha Lehmann
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Conrad Brand.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Nehrsnausen K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address Pallas St. No 26.

Remarks

5

Baltimore Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (9th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 10th 1876
4. Place of Birth (Street and Number)	333 Orleans St
5. Full Name of Mother	Wilhelmina C Reever
6. Mother's Maiden Name	Wilhelmina C Kunichann
7. Mother's Birthplace	Bremen
8. Full Name of Father	Ferdinand H A Reever
9. Father's Occupation	Finisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Stillwell
Address	286 N Donoh st
Remarks	

11342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	May 10th. 1876
4. Place of Birth (Street and Number)	No. 3 Jenkin alley
5. Full Name of Mother	Caroline Taylor
6. Mother's Maiden Name	Carlens Taylor
7. Mother's Birthplace	Caroline County Md.
8. Full Name of Father	Illegitimate
9. Father's Occupation	Barber
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	L.K. Merrick M.D.
Address	Res. 181 W Biddle st.
Remarks	Breech Presentation.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11313

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 18th 1876

4. *Place of Birth (Street and Number)* Fourth Story Penthouse 4 Fish Pier

5. *Full Name of Mother* Lena Krieg

6. *Mother's Maiden Name* Lena Fisher

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* Lewis Krieg

9. *Father's Occupation* Agent P.R.R.

10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. Margaret Fuller

Address Purity on post Fish Pier Baltimore

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

113111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male ~~or Female~~)* White

2. *Race or Color (if not of the white race)*

3. *Date of Birth* May 10th 1876

4. *Place of Birth (Street and Number)* 22 N Eutaw St

5. *Full Name of Mother* Mary E. Mallalieu

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Anne Harford Co Md

8. *Full Name of Father* I B Mallalieu

9. *Father's Occupation* Coal Dealer

10. *Father's Birthplace* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. D H Gurney

Address 76 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) [illegible]

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks

RETURN OF A BIRTH.

113116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* May 10 at 10 Oclock in Day

4. *Place of Birth (Street and Number)* 54 Burgundy alley

5. *Full Name of Mother* Mary Tolen

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Norfolk Va

8. *Full Name of Father* Richard Tolen

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Calvert County Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Oclock Howard 11 Burgundy alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10th
4. *Place of Birth (Street and Number)* 1 Clinton St
5. *Full Name of Mother* Sarah L Hardcastle
6. *Mother's Maiden Name* Sarah L Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W Burdett
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ernest Lee

Address 18 O Donnell St

Remarks Fourth Pregnancy Still born

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

113418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th of May 1876
4. *Place of Birth (Street and Number)* 343 Eastern Ave
5. *Full Name of Mother* Bridget Murphy
6. *Mother's Maiden Name* Bridget Daly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John C Murphy
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Connor

Address 153 Choptank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth 10 May.

4. Place of Birth (Street and Number) Kennedy.

5. Full Name of Mother Kate

6. Mother's Maiden Name Blücher

7. Mother's Birthplace Württ

8. Full Name of Father John Blücher

9. Father's Occupation Blacksmith

10. Father's Birthplace Hessen Cramstadt

Name of Medical Attendant, or other Person who makes this Return. C Fürstenberger

Address 379 West Fayette

Remarks

11350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* May the 10th
4. *Place of Birth (Street and Number)* Dover stret No 26
5. *Full Name of Mother* Martha sedgwick
6. *Mother's Maiden Name* May Ann sedgwick
7. *Mother's Birthplace* Co. County, M D
8. *Full Name of Father* Daniel sedgwick
9. *Father's Occupation* Draymark
10. *Father's Birthplace* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mary O Dickenson

Address 108 Leadenhall stret

Remarks Hearty child the first one

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth May 10th 1876

4. Place of Birth (Street and Number) 132 Myrtle avenue

5. Full Name of Mother Martha Bohl

6. Mother's Maiden Name Martha Dunham

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry B Bohl

9. Father's Occupation Clerk

10. Father's Birthplace N Virginia

Name of Medical Attendant, or other Person who makes this Return. W Hammond MD

Address 52 N Paca St Balt

Remarks Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Irish
3. Date of Birth	May 10/1876
4. Place of Birth (Street and Number)	220 N. Liberty st
5. Full Name of Mother	Maria Murphy
6. Mother's Maiden Name	Maria Ryan
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Thomas Murphy
9. Father's Occupation	Fresco er
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Joseph A. Gillis M.D.
Address	28 N. Greene st
Remarks	

RETURN OF A BIRTH.

11353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 10 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 10 May

4. *Place of Birth (Street and Number)* Central Avenue near 24

5. *Full Name of Mother* Lurlerver Joseph

6. *Mother's Maiden Name* Lurlerver Gibson

7. *Mother's Birthplace* Va. in Alexandria Fayette

8. *Full Name of Father* Joseph Davis

9. *Father's Occupation* Barber

10. *Father's Birthplace* Va in Penn (United States)

Name of Medical Attendant, or other Person who makes this Return. Dr Baltzinger Miller

Address Sterling St near 167

Remarks

Earnest Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11351

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Col
3. Date of Birth	May 11 1876
4. Place of Birth (Street and Number)	Lisel St [redacted] No 30 between Carey & Greek Ireland
5. Full Name of Mother	Carry James [redacted]
6. Mother's Maiden Name	Carry James Banks
7. Mother's Birthplace	Talbert County Md
8. Full Name of Father	James Banks
9. Father's Occupation	Hod carrier
10. Father's Birthplace	Talbert County Md
Name of Medical Attendant, or other Person who makes this Return.	[redacted] Hill Hodges
Address	No 263 Cross St
Remarks	between Howard and Lisel St

11355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 11
4. *Place of Birth (Street and Number)* 190 S. Bond St
5. *Full Name of Mother* Margareth Röhrer
6. *Mother's Maiden Name* " Arrold
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Ch Röhrer
9. *Father's Occupation* Lab
10. *Father's Birthplace* Hodenheim

Name of Medical Attendant, or other Person who makes this Return. Dr Gustav Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 11th 1876
4. *Place of Birth (Street and Number)* No 166 Madeira alley
5. *Full Name of Mother* Eliza Betz
6. *Mother's Maiden Name* " Bauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Betz
9. *Father's Occupation* Miller
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 11 th 1876
4. Place of Birth (Street and Number)	No 62 Fort st
5. Full Name of Mother	Eathern Gaus.
6. Mother's Maiden Name	Fisher
7. Mother's Birthplace	Germany.
8. Full Name of Father	Jacob Gaus.
9. Father's Occupation	Boiler maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 11 th 1876
4. *Place of Birth (Street and Number)* Dallestret 243
5. *Full Name of Mother* Bellestiene Sauer
6. *Mother's Maiden Name* Spiegel
7. *Mother's Birthplace* Hildebert Sauer Germanie
8. *Full Name of Father* Hildebert Sauer
9. *Father's Occupation* Bretscher
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie L Lediger

Address 134 N. Bonet stret

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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11359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	whit
3. Date of Birth	Mai 11 de 1876
4. Place of Birth (Street and Number)	469 N. Gai Stret
5. Full Name of Mother	Marie Schreiter
6. Mother's Maiden Name	Marie Pauer
7. Mother's Birthplace	Germanie
8. Full Name of Father	Adam Schneider
9. Father's Occupation	Tinner
10. Father's Birthplace	Germani
Name of Medical Attendant, or other Person who makes this Return.	Marie R Ruediger
Address	134 N. Bond Stret
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th Child

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* May 11th 1876.
4. *Place of Birth* (*Street and Number*) Cheapside St. No 21.
5. *Full Name of Mother* Wilhelmine Brandes
6. *Mother's Maiden Name* Wilhelmine Meinecke
7. *Mother's Birthplace* Groselicke. Pr. Preussen Germany
8. *Full Name of Father* Heinrich Brandes
9. *Father's Occupation* none
10. *Father's Birthplace* Kleinedelie Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 15 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether ~~Male or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 11th 1876
4. *Place of Birth (Street and Number)* N. Exeter St. # 45
5. *Full Name of Mother* Friederike L. Goebel.
6. *Mother's Maiden Name* Friederike Hermann
7. *Mother's Birthplace* Frankenstadt N. Baiern Germany
8. *Full Name of Father* Richard Goebel
9. *Father's Occupation* U. S. Inspector of Customs
10. *Father's Birthplace* Rawitsch N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. # 26

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male Still Born
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 11th 1876
4. Place of Birth (Street and Number)	No 8 Concord st
5. Full Name of Mother	Susan Roddy
6. Mother's Maiden Name	Selby
7. Mother's Birthplace	Ireland
8. Full Name of Father	Barnet Roddy
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charles Latrenda M. D.
Address	69 Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First -
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	Colored -
3. Date of Birth	May 11th 1876.
4. Place of Birth (Street and Number)	57 Duncan Alley -
5. Full Name of Mother	Ellen Hamilton
6. Mother's Maiden Name	Ellen Freeman
7. Mother's Birthplace	Chestertown, Carroll Co. Md
8. Full Name of Father	George Hamilton
9. Father's Occupation	Laborer
10. Father's Birthplace	West River Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Mahoney -
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

113611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 11 - 1876
4. Place of Birth (Street and Number)	140 Mulberry St
5. Full Name of Mother	Kate R. Brooks
6. Mother's Maiden Name	Steiner
7. Mother's Birthplace	Cumberland Allegany Co Md
8. Full Name of Father	James R. Brooks
9. Father's Occupation	Clerk
10. Father's Birthplace	Cumberland Alle Co Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Wilson M D
Address	87 Mulberry St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 5 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 11. 1876
4. Place of Birth (Street and Number)	12½ Pennsylvania Avenue
5. Full Name of Mother	Haidée L. Lafevre
6. Mother's Maiden Name	" Gordon
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles E. Lafevre
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer M.D
Address	201 N. Biddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) South

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 11 1876

4. Place of Birth (Street and Number) 1 Hoyt Place

5. Full Name of Mother Lucilla Lorenz

6. Mother's Maiden Name Thompson

7. Mother's Birthplace Balt'm'd ~~Germany~~ Germany

8. Full Name of Father Francis Lorenz

9 Father's Occupation Carpenter

10. Father's Birthplace Balt'm'd Md

Name of Medical Attendant, or other Person who makes this Return. J. Kraemer

Address 87 Mallory st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether ~~Male~~ or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	May 11th 1876
4. Place of Birth (Street and Number)	112 S Paca St
5. Full Name of Mother	Rebecca Jane Steckells
6. Mother's Maiden Name	Hall
7. Mother's Birthplace	Balto city
8. Full Name of Father	Richard N Steckells —
9. Father's Occupation	Merchant —
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return.	M H Gunnell
Address	76 S Paca St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1876
BALTIMORE

No. of Child of Mother (*state whether* ~~1st~~, 2d, ~~3d~~ &c.)

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~) 1

2. Race or Color (*if not of the white race*)

3. Date of Birth May 11th '76

4. Place of Birth (*Street and Number*) Merchants Hotel Co Pratt & Hanover

5. Full Name of Mother Elizabeth W Owings

6. Mother's Maiden Name " " Schofield

7. Mother's Birthplace Balt^o

8. Full Name of Father Wallace Owings

9. Father's Occupation Planter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. John Monnett M.D.

Address 5 Hooker St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 11th 1876
4. *Place of Birth (Street and Number)* 191 Ramsey st Baltimore Md.
5. *Full Name of Mother* Marion Lemmon
6. *Mother's Maiden Name* Marion E. Rodeman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John F. Lennon
9. *Father's Occupation* Seaford
10. *Father's Birthplace* Baltimore, Md. Mrs. Jane Mercer

Name of Medical Attendant, or other Person who makes this Return.

Address 136 N. Eutaw Henry Baltimore " Md "

Remarks

Extract from Regulations of the Board of Health in relation to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th May
4. Place of Birth (Street and Number)	20 Valley st
5. Full Name of Mother	Bridget O'Brien
6. Mother's Maiden Name	" Revell
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Frank O'Brien
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Jane Crumbly
Address	24 McKim St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11371

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 11th 76
4. Place of Birth (Street and Number)	No 6 Whatcoat St Baltimore
5. Full Name of Mother	Mary E. Durham
6. Mother's Maiden Name	Mary E. Haupt
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Columbus R Durham
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Hominer Turnbull
Address	439 W Lexington St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) it the 5th. Child

1. *Sex (state whether Male or Female)* it a male. Child.
2. *Race or Color (if not of the white race)* it of the white race.
3. *Date of Birth* No. 62 King St. on the 19 of May
4. *Place of Birth (Street and Number)* No. 62 King St.
5. *Full Name of Mother* Barbary Dunn.
6. *Mother's Maiden Name* Barbury Litz.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Peter Dunn.
9. *Father's Occupation* Laboring Man.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dr. Thomas Dunbar

Address 437 W Mul Lott St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 16th
4. Place of Birth (Street and Number)	Liberty Road
5. Full Name of Mother	Georgeanna Smith
6. Mother's Maiden Name	Ann Boozer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hezekiah Smith
9. Father's Occupation	Sergeant
10. Father's Birthplace	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Guy N Stone M.D.
Address	Co Sticks & Preston
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11374

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Forth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1876
4. Place of Birth (Street and Number)	Light Street No 684
5. Full Name of Mother	~~Dorata Kauffmann~~ Dorota Schmauss
6. Mother's Maiden Name	Dorota Kauffmann
7. Mother's Birthplace	Prussia Germany
8. Full Name of Father	Joseph Schmauss
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. An. Streng
Remarks	No 32 Lieder Thal Street

rect Record of Vital Statistics in the City of Baltimore.

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11375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* May 12 1876
4. *Place of Birth (Street and Number)* Baltimore St # 162
5. *Full Name of Mother* Ellen Finnan
6. *Mother's Maiden Name* " James
7. *Mother's Birthplace* Massachusetts
8. *Full Name of Father* John Finnan
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rozz Kelly

Address 48 Holland St Baltimore Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	american race
3. Date of Birth	May 12 1876
4. Place of Birth (Street and Number)	Chase St # 252
5. Full Name of Mother	Katherine Engelmein
6. Mother's Maiden Name	" Wenning
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Engelmein
9. Father's Occupation	Taylor
10. Father's Birthplace	Bayer Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Mc Kig
Address	48 N Holland St Baltimore Md.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* amerian race
3. *Date of Birth* May 12 1876
4. *Place of Birth (Street and Number)* Bethel St # 184
5. *Full Name of Mother* Elesabeth Wasman
6. *Mother's Maiden Name* " Deist
7. *Mother's Birthplace* Hessen Europe
8. *Full Name of Father* Reinhold Wasman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Sachsen Europe

Name of Medical Attendant, or other Person who makes this Return. Mr Rose Ellag

Address 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12-'76-
4. Place of Birth (Street and Number)	N. Gilmor St near Lemm. Ave.
5. Full Name of Mother	Barbara Frances Miller Hamilton
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Arthur Miller
9. Father's Occupation	Butcher
10. Father's Birthplace	Frederick City - Maryland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* May, 12th 1130 P M
4. *Place of Birth* (Street and Number) 374 E Madison St
5. *Full Name of Mother* Jennie L. McAlister
6. *Mother's Maiden Name* " " Cullison
7. *Mother's Birthplace* Harre de Grace Harford Co Md
8. *Full Name of Father* Robert A. McAlister
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Engelsherr M.D.

Address 117 E Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (2) Second Child.

1. *Sex* (state whether Male or Female) Male Sex.
2. *Race or Color* (if not of the white race) Colour. White
3. *Date of Birth* (12) Twelve day of May - 1876.
4. *Place of Birth* (Street and Number) Baltimore Md. Liberty alley No 28-
5. *Full Name of Mother* Mrs Mary Elizabeth Dick
6. *Mother's Maiden Name* Mary Elizabeth Krebs.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Mr. James Lafton Dick
9. *Father's Occupation* Employee of the N. C. R. Road.
10. *Father's Birthplace* Baltimore Maryland.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Worden

Address No 29 E John St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1876
4. Place of Birth (Street and Number)	38 Valley St
5. Full Name of Mother	Sarah Ann
6. Mother's Maiden Name	McCall
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Francis Stout
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula A Chrisimer
Address	129 E Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 1876
4. *Place of Birth (Street and Number)* 141 Harford Ave
5. *Full Name of Mother* Emma Riordan
6. *Mother's Maiden Name* " Swilger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Timothy Riordan
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F Christmer

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1876
4. Place of Birth (Street and Number)	Baltimore Carey st No 16
5. Full Name of Mother	Mary Farley
6. Mother's Maiden Name	" Hines
7. Mother's Birthplace	Ireland
8. Full Name of Father	Philip Farley
9. Father's Occupation	Drayman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 58 Parkin st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11381

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 76.
4. Place of Birth (Street and Number)	Except at No. 29.
5. Full Name of Mother	Margret. Koppel
6. Mother's Maiden Name	Ruppert.
7. Mother's Birthplace	Balto. Co. D.
8. Full Name of Father	Wm. Koppel
9. Father's Occupation	Barber
10. Father's Birthplace	Darmstadt Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultze
Address	Midwife
Remarks	No. 320 Alice Anna st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 12/76.
4. *Place of Birth* (Street and Number)	Harrison st No 90
5. *Full Name of Mother*	Mary Diggins
6. *Mother's Maiden Name*	" Michel
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Jno. Diggins
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	320 alice anna st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~14~~ May 12. 1876
4. Place of Birth (Street and Number)	× 294 Aisquith St.
5. Full Name of Mother	Mary Elizth. Stoneburner
6. Mother's Maiden Name	" " Coulter
7. Mother's Birthplace	Norfolk Va.
8. Full Name of Father	Thos. John Stoneburner
9. Father's Occupation	Druggist
10. Father's Birthplace	Richmond. Va.
Name of Medical Attendant, or other Person who makes this Return.	A Hartman M.D.
Address	× 305 N Caroline St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12 1876
4. *Place of Birth (Street and Number)* 414 Division St
5. *Full Name of Mother* Kate Suter
6. *Mother's Maiden Name* Kate Kelly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Geo Suter
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas E. Sadtler M.D.

Address 649 Penna Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12 - 1876
4. Place of Birth (Street and Number)	82 Frederick ave
5. Full Name of Mother	Wilhelmina Albert
6. Mother's Maiden Name	Wilhelmina Lears
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Angelo Albert
9. Father's Occupation	Shoe Cutter
10. Father's Birthplace	Bitala Prussien
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	N 45 Monut St.
Remarks	

11359

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 12th 1876
4. Place of Birth (Street and Number)	No. 111 S. wolf St
5. Full Name of Mother	Charlotte Donohue
6. Mother's Maiden Name	Charlotte Wright
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Donohue
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 1876
4. *Place of Birth (Street and Number)* 103 Scott St
5. *Full Name of Mother* Thekla Daley
6. *Mother's Maiden Name* Samuel
7. *Mother's Birthplace* N York
8. *Full Name of Father* Winfield S Daley
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace* Westchester N York

Name of Medical Attendant, or other Person who makes this Return. M F Hynes

Address 76 Eutaw St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 12th 1876
4. *Place of Birth* (Street and Number) 364 Park Avenue, Baltimore
5. *Full Name of Mother* Camilla M. Diggs
6. *Mother's Maiden Name* Camilla M. Hall
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Charles F. Diggs
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. S. C. Chew M.D.

Address 141 Lanvale St. Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 12th
4. *Place of Birth (Street and Number)* 106. S. Exeter Street Baltimore
5. *Full Name of Mother* Margret Elizabetta Fisher
6. *Mother's Maiden Name* Margret Elizabeth Cain
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Charles W. Fisher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabetta Flemming

Address 97 Hanover st

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Color Child female

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Colord race ~~Color~~

3. *Date of Birth* (~~Hour~~ ~~Door~~ nit Street may 12 1876

4. *Place of Birth* (Street and Number) may Donnil st No 9

5. *Full Name of Mother* Hessler Ann Hoffer

6. *Mother's Maiden Name* Hessler Ann Cornish

7. *Mother's Birthplace* Dorchester County Md

8. *Full Name of Father* Peter Hoffer

9. *Father's Occupation* Labor

10. *Father's Birthplace* Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. mid ll Lucinda Coulbourn

Address Eagleston St 130

Remarks mary

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

113911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	12.
4. Place of Birth (Street and Number)	134 S. Eutaw st
5. Full Name of Mother	Margaret Braxton
6. Mother's Maiden Name	Margaret Upsher
7. Mother's Birthplace	Easton Shore. Via
8. Full Name of Father	Charles Braxton
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Suzy Upsher
Address	134 S. Eutaw st
Remarks	Baltimore Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1876.
4. Place of Birth (Street and Number)	6 E Falls ave
5. Full Name of Mother	Mary Johns
6. Mother's Maiden Name	" Evans
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	John F Johns
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	1 & 2 Exeter St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11396

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 12, 1876
4. *Place of Birth* (Street and Number) 56 Pennsylvania Ave
5. *Full Name of Mother* Margaret Louis
6. *Mother's Maiden Name* Margaret Taylor
7. *Mother's Birthplace* Balt city
8. *Full Name of Father* James M. Norris
9. *Father's Occupation* Printer
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. D. H. P. Thompson

Address 15 Saratoga St

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 13 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12
4. Place of Birth (Street and Number)	Baltimore St N° 766
5. Full Name of Mother	Mary L McCurley
6. Mother's Maiden Name	Mary L McCloskey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James McCurley
9. Father's Occupation	Baltimore Mechanic
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	— Same Same C/O Schuster St
Remarks	Lived above Died of Weakness
	Regd at Mount Olivet Cemetery May 13
	Undertaker 707 West Baltimore St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11398

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Negro.
3. Date of Birth	May 12 - 1876.
4. Place of Birth (Street and Number)	Stockton al 1st S. Edmondson Ave
5. Full Name of Mother	Mary Ann Ewell.
6. Mother's Maiden Name	Mary Ann Purnell
7. Mother's Birthplace	Portsmouth, Va.
8. Full Name of Father	Albert Ewell
9. Father's Occupation	Waiter in Restaurant
10. Father's Birthplace	Alamance Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	John J. King
Address	Edmondson Ave near Carrollton Ave
Remarks	

11399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 13th 1876
4. Place of Birth (Street and Number)	35-7 Franklin St
5. Full Name of Mother	Emma S. Owens
6. Mother's Maiden Name	Emma S. Reese
7. Mother's Birthplace	Balto
8. Full Name of Father	Noval N. Owens
9. Father's Occupation	Brakesman
10. Father's Birthplace	West River Md
Name of Medical Attendant, or other Person who makes this Return.	S. R. Ahler M.D.
Address	234 W. Fayette St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1876
4. Place of Birth (Street and Number)	No 145 Spring St
5. Full Name of Mother	Caroline Kirchmyer
6. Mother's Maiden Name	Caroline Bucher.
7. Mother's Birthplace	Baden Germany
8. Full Name of Father	Joseph Kirchmyer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. A. Bull
Address	No 209 Monument N. E. Cor. Central Avenue
Remarks	All Well

rect Record of Vital Statistics in the City of Baltimore.

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11401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* May 13th 96

4. *Place of Birth* (*Street and Number*) 419 N Gay St / Baltimore Md

5. *Full Name of Mother* Lana Olive

6. *Mother's Maiden Name* Lana Willis

7. *Mother's Birthplace* Manmahawkin Ocean Co N J

8. *Full Name of Father* John Clarke

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Gabriella Olive

Address No 419 N Gay St Baltimore

Remarks

4

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1876 5:30 P.M.
4. Place of Birth (Street and Number)	No 87 S. ~~Eutaw~~ Washington St.
5. Full Name of Mother	Joanna Leocadia Wherrett
6. Mother's Maiden Name	" " Lacy
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Robert McClellan Wherrett
9 Father's Occupation	Pilot
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Gross M.D.
Address	No. 406 E. Balto. St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th-

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 13 th- May 1876
4. *Place of Birth* (Street and Number) 345 E Monument-st-
5. *Full Name of Mother* Mary Curry
6. *Mother's Maiden Name* " Woodall
7. *Mother's Birthplace* Cumberland County Va
8. *Full Name of Father* John Curry
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Pittsburgh Pa

Name of Medical Attendant, or other Person who makes this Return. Williams, Le Baumll

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

No. of Child of Mother (*state whether ~~1st, 2d~~, 3d, &c.*)

1. Sex (*state whether Male ~~or Female~~*)

2. Race or Color (*if not of the white race*)

3. Date of Birth 13th May 1876

4. Place of Birth (*Street and Number*) 272 S Durham st

5. Full Name of Mother Catharine McCullough

6. Mother's Maiden Name " Berry

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm McCullough

9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 13th 1876
4. *Place of Birth* (Street and Number) 89 Thames str
5. *Full Name of Mother* Katie Stevens
6. *Mother's Maiden Name* " Schultz
7. *Mother's Birthplace* City
8. *Full Name of Father* Williams Stevens
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank str

Remarks

Extract Regulations of the Board of Health to secure full and correct Record of Vital Statistics in the City of Baltimore.

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11106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 13th 1876
4. Place of Birth (Street and Number)	No 175 Chapel Court alley
5. Full Name of Mother	Emma P. Gummi
6. Mother's Maiden Name	" Rosenmiller
7. Mother's Birthplace	Germany
8. Full Name of Father	Andrew Gummi
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13th 1876
4. *Place of Birth (Street and Number)* No 116 S Fremont St
5. *Full Name of Mother* Mary Robinson
6. *Mother's Maiden Name* Helmeking
7. *Mother's Birthplace* City of Baltimore
8. *Full Name of Father* Jessie Robinson
9. *Father's Occupation* Machinist
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno. D. Blake M.D.

Address No 136, Scott St City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13th 1876
4. *Place of Birth (Street and Number)* N 235 St Paul St
5. *Full Name of Mother* Elizabeth M. Howard
6. *Mother's Maiden Name* Elizabeth M. Ridgely
7. *Mother's Birthplace* Bucks County Pennsylvania
8. *Full Name of Father* William Rich Howard
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11409.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th
4. Place of Birth (Street and Number)	139 Lexington St
5. Full Name of Mother	Mariana Horn
6. Mother's Maiden Name	Mariana Lemke
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodore Horn
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Tedtkins
Address	148 Mulberry St.
Remarks	Child Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	May 13th " /76
4. Place of Birth (Street and Number)	Register St No. 163.
5. Full Name of Mother	Mary Coarman
6. Mother's Maiden Name	" Ross
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Jesse Coarman
9. Father's Occupation	Sailor
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte Midwife
Address	320 Aliceanne st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 13 th 1876
4. Place of Birth (Street and Number)	39 Bevan Street
5. Full Name of Mother	Philepine Männer
6. Mother's Maiden Name	" " " Braitsch
7. Mother's Birthplace	Germany
8. Full Name of Father	Paul Männer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 13 May 1876

4. *Place of Birth* (*Street and Number*) 20 Barnes Str.

5. *Full Name of Mother* Florie Metz

6. *Mother's Maiden Name* Baltimore

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George Ridge

9. *Father's Occupation* Clark

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Josephine Rondrat
to 20 Barnes Str

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 13. 1876
4. *Place of Birth* (Street and Number) 331 Eastern Ave
5. *Full Name of Mother* M. Meazel
6. *Mother's Maiden Name* Ulr. Rosschel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* M. Meazel
9. *Father's Occupation* Foreman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Geyer

Address 55 South Bond St

Remarks

RETURN OF A BIRTH.

111-111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th May 1876
4. *Place of Birth (Street and Number)* 48 Central Ave
5. *Full Name of Mother* Margaret Hickey
6. *Mother's Maiden Name* Quick
7. *Mother's Birthplace* U. States of America
8. *Full Name of Father* Chas Jackson
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1876
4. Place of Birth (Street and Number)	227 W. Biddle St
5. Full Name of Mother	Annie McEvoy
6. Mother's Maiden Name	Annie Sowers
7. Mother's Birthplace	Warrenton Virginia
8. Full Name of Father	James McEvoy
9. Father's Occupation	Bank Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B. B. Williams
Address	201 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 n

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born on Saturday the 13 Betwn 4 and 6 o'clock
4. Place of Birth (Street and Number) No 7 Rode St
5. Full Name of Mother Mary Sanders age 33
6. Mother's Maiden Name Mary Driver
7. Mother's Birthplace Dorchester County
8. Full Name of Father Willm H Sanders Age 36 yrs
9. Father's Occupation Wood Sawyer
10. Father's Birthplace Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Christy Brown

Address No 2 Winters

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	13th May
4. Place of Birth (Street and Number)	Near Easton Ferry
5. Full Name of Mother	Mary Dimple
6. Mother's Maiden Name	Mary Ellen Easton Shore. Via Ferry Landing
7. Mother's Birthplace	Sailor
8. Full Name of Father	Easton Shore. Via
9. Father's Occupation	Ferry Upshur
10. Father's Birthplace	134 S. Eutaw st
Name of Medical Attendant, or other Person who makes this Return.	Baltimore
Address	Md
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore, relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11415

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 13th 1876

4. Place of Birth (Street and Number) East Biddle (House has no Number)

5. Full Name of Mother Mary Ann Griggs

6. Mother's Maiden Name Fairchild

7. Mother's Birthplace Baltimore City

8. Full Name of Father John L Griggs

9. Father's Occupation Assistant Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo H Hayon

Address # 18 Asquith St

Remarks

11417

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 6.

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3d 1876
4. *Place of Birth (Street and Number)* #60 Block St
5. *Full Name of Mother* Laura Virginia Spedden
6. *Mother's Maiden Name* " " Wilkins
7. *Mother's Birthplace* City " Baltimore
8. *Full Name of Father* Daniel Edward Spedden
9. *Father's Occupation* Carpenter
10. *Name of Medical Attendant, or other Person who makes this Return.* Harford Co Md Geo. W. Grayson

Address #18 Hisquith St

Remarks

Extract Regulations of the Board of Health relative to securing a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 13 th 1876
4. *Place of Birth* (Street and Number) 388 Penn Avenue
5. *Full Name of Mother* Mary L. Rapp
6. *Mother's Maiden Name* Mary L. Simmons
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Rapp
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett

Address 93 Mosher St

Remarks

Extract Regulations of the Board of Health in relation to Registration of Births and Deaths in the City of Baltimore.

Extract Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 13 76

4. *Place of Birth (Street and Number)* 191 Light St.

5. *Full Name of Mother* Catherine Temple

6. *Mother's Maiden Name* Schoptack

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Temple

9. *Father's Occupation* Bar Keeper

10. *Father's Birthplace* Ger. Prussia Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Kohl

Address 328 South Eutaw St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* Born on 14th of May Sunday Evening 1st
4. *Place of Birth (Street and Number)* Born in Baltimore City 31 Chant
5. *Full Name of Mother* Lizzie Allen
6. *Mother's Maiden Name* Lizzie Wilson
7. *Mother's Birthplace* Centreville Queenanne Co Md
8. *Full Name of Father* Samuel Allen
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Centreville Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Harris

Address 214 Dover St Baltimore

Remarks

RETURN OF A BIRTH.

111123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 May
4. *Place of Birth (Street and Number)* Jefferson Street No 154
5. *Full Name of Mother* Catharine Luft
6. *Mother's Maiden Name* Rabe
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* J. Heinrich Luft
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. L. L. Reinhardt

Address 224 W Fayette Street

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11112 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 14
4. *Place of Birth (Street and Number)* Fountain St 14
5. *Full Name of Mother* Elenora Plitt
6. *Mother's Maiden Name* r Hilberth
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* Charles Plitt
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Hessen

Name of Medical Attendant, or other Person who makes this Return. Regina Heidleye

Address No 289 S. Bond St

Remarks

Regulations of the Board of Health of the City of Baltimore.

Duties in Respect to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* May 4, 1876

4. *Place of Birth* (Street and Number) 7 Marion Pl

5. *Full Name of Mother* Margaret Allen

6. *Mother's Maiden Name* Margaret Allen

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Thomas Robinson

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr L. P. Morgan

Address 175 Saratoga St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 May 1876
4. Place of Birth (Street and Number)	283 E. Madison st.
5. Full Name of Mother	Margret Kaumon Melcher.
6. Mother's Maiden Name	Margret Kaumon.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	John Melcher.
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return	Wm. Walter
Address	126 N. Caroline st.
Remarks	

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health relative to the Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth May 14th 1876

4. Place of Birth (Street and Number) No 16 Days alley

5. Full Name of Mother Elizabeth Sherman

6. Mother's Maiden Name Elizabeth Eckard

7. Mother's Birthplace baltimore

8. Full Name of Father Charley Sherman

9. Father's Occupation fisherman

10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 hanburd st

Remarks Mother and child doing well at present

11428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 16 1876.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14 th 1876
4. *Place of Birth (Street and Number)* No 350 Canton Ave.
5. *Full Name of Mother* Louisa Hirschmann.
6. *Mother's Maiden Name* Louisa Reimann.
7. *Mother's Birthplace* American.
8. *Full Name of Father* George Hirschmann.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Amend.

Address No 137 S Wolfe St.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1 1 1 2 9

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 14th. May 1876.
4. *Place of Birth (Street and Number)* Rayberg St. No 4.
5. *Full Name of Mother* Mary Hael.
6. *Mother's Maiden Name* Mary Schmith.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Moritz Hael.
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth. Lane.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11430

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 19 1876

4. Place of Birth (Street and Number) 16 Fair

5. Full Name of Mother Sarah Weinstein

6. Mother's Maiden Name Sarah Levin

7. Mother's Birthplace Germany

8. Full Name of Father Isaac Weinstein

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. E. Engel

Address 16 East Lexington st

Remarks

111.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1876
4. *Place of Birth (Street and Number)* N 83 Cathedral St
5. *Full Name of Mother* Lavalette I. McMullen
6. *Mother's Maiden Name* Lavalette I Johnson
7. *Mother's Birthplace* Jefferson Co. Virginia
8. *Full Name of Father* John F. McMullen
9. *Father's Occupation* No occupation
10. *Father's Birthplace* Blair Co. Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard

Address N 14 Park Ave.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11432

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 14 1876

4. *Place of Birth* (Street and Number) 50 Oksford St

5. *Full Name of Mother* Florence Francenia Worley

6. *Mother's Maiden Name* Dodge

7. *Mother's Birthplace* Mass

8. *Full Name of Father* David Worley

9. *Father's Occupation* Grass, Stone

10. *Father's Birthplace* Pa

Name of Medical Attendant, or other Person who makes this Return. Dr Lew Benson

Address 106 N Centre St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

11133

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 14th May 1876

4. Place of Birth (Street and Number) 59 Lombard St.

5. Full Name of Mother Catharine Elizabeth Louisa

6. Mother's Maiden Name

7. Mother's Birthplace United States of America

8. Full Name of Father Francis Populetty

9. Father's Occupation Shoemaker

10. Father's Birthplace United States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 57 & Lombard St.

Remarks

Extract from Regulations of the Board of Health of Baltimore.

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health in relation to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114311

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	19th Inst 10 A.M.
4. Place of Birth (Street and Number)	202 Forest St.
5. Full Name of Mother	Maggie Kaufman
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Kaufman
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Kaufer
Address	52 E Lombard St.
Remarks	

RETURN OF A BIRTH.

11435

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 16th 1876

4. Place of Birth (Street and Number) No. 16 E. Eutaw st

5. Full Name of Mother Mary Kernan

6. Mother's Maiden Name Mary Shell

7. Mother's Birthplace Baltimore City

8. Full Name of Father Michael Kernan

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. M. Gaines

Address 2 Hill Place

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Mail one Feirst one
2. *Race or Color* (if not of the white race) Brown. Skinn
3. *Date of Birth* ~~Sept~~ May the 14 1876
4. *Place of Birth* (Street and Number) No 2 Stirlig St Baltimore M. D
5. *Full Name of Mother* Emmer. James. Chase
6. *Mother's Maiden Name* Emmer James Mason
7. *Mother's Birthplace* Baltimore City M D
8. *Full Name of Father* William. H. Chase. No 158 Bond St
9. *Father's Occupation* in Printing Printing Offis
10. *Father's Birthplace* Baltimor. City. M. D

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sophia. Hines. No 735. Chesnot. St

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 14th 1876.
4. *Place of Birth* (Street and Number) 434 E Monument St Baltimore Md
5. *Full Name of Mother* Anna Marie Hall
6. *Mother's Maiden Name* Anna Marie Keelan
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Jesse Kline Feller Hall
9. *Father's Occupation* Rope Maker
10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. W. Montgomery M.D.

Address 76 N. Eden St Baltimore Md.

Remarks Labor. Natural, easy. Duration 6 hours.

RETURN OF A BIRTH.

111138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th 1876
4. Place of Birth (Street and Number)	No. 99 S. Chapel st.
5. Full Name of Mother	Mary E. Clark
6. Mother's Maiden Name	Mary E. O'Connor
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	William Clark
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 S. Broadway
Remarks	

Extract, Regulations, &c. in relation to the Return and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 14th 76
4. Place of Birth (Street and Number)	12 Lurman Alley
5. Full Name of Mother	Carie Wilson
6. Mother's Maiden Name	unmarried
7. Mother's Birthplace	Maryland E. Shore
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy 12 Lurman Alley
Address	W. Dr Bowles
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Duties in Regard to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the 'mother of such child or children.

RETURN OF A BIRTH.

114410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 14th of May. 1876
4. *Place of Birth (Street and Number)* No 38 Union st.
5. *Full Name of Mother* Mary Spicer.
6. *Mother's Maiden Name* Mary Emmerdinger.
7. *Mother's Birthplace* in Germeny.
8. *Full Name of Father* John Spicer.
9. *Father's Occupation* Laber work.
10. *Father's Birthplace* in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

11 11 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 of May
4. *Place of Birth (Street and Number)* Benecit St 8
5. *Full Name of Mother* Cathren Warters
6. *Mother's Maiden Name* Cathaen Rusell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Steven Warters
9. *Father's Occupation* Pyder
10. *Father's Birthplace* Irelan Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiler

Address No 12 Paterson Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
21
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1876
4. *Place of Birth (Street and Number)* 304 N. Eutaw
5. *Full Name of Mother* Annie Appleby
6. *Mother's Maiden Name* " Lauth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward H. Appleby
9. *Father's Occupation* Pattern Maker
10. *Father's Birthplace* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. O. L. Williams

Address 201 Madison Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1876
4. *Place of Birth (Street and Number)* 155 So. Ann
5. *Full Name of Mother* Mary Adler
6. *Mother's Maiden Name* Mary Engelbrecht
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Louis Adler
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilkins M. D.

Address 69 So. Broadway

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

Name: Catharine ~~Elizabeth~~ Walther

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 14/76.

4. Place of Birth (Street and Number) 626 Iceland St.

5. Full Name of Mother Margaretha ~~Maggie~~ Walther

6. Mother's Maiden Name ~~Walter~~ Becker

7. Mother's Birthplace Hessen Darmstadt Germ.

8. Full Name of Father Henry ~~Walter~~ Walther

9. Father's Occupation Tobacco Worker

10. Father's Birthplace Hessen Darmstadt "

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

111115

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1876
4. Place of Birth (Street and Number)	No 141 Hanover
5. Full Name of Mother	Maria Gebhardt
6. Mother's Maiden Name	Maria Boemann
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Leo Gebhardt
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. M. J. Bull
Address	No 200 Monument & N. Gor Caroll Ave.
Remarks	All Well

RETURN OF A BIRTH.

11446

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15 1876
4. Place of Birth (Street and Number)	1461 Bolton
5. Full Name of Mother	Mary L Maslin
6. Mother's Maiden Name	Newcomer
7. Mother's Birthplace	Balto
8. Full Name of Father	Jas M. Maslin
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	W. H. Kemp M.D.
Address	25 N. Green St.
Remarks	

Legal Requirements, and Importance of a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	15 May 1876
4. Place of Birth (Street and Number)	63 Oxford St
5. Full Name of Mother	Eliza Billingslea
6. Mother's Maiden Name	Sturgis
7. Mother's Birthplace	Howard Co. Md
8. Full Name of Father	John W. Billingslea
9. Father's Occupation	Coachman
10. Father's Birthplace	Harford Co Md,
Name of Medical Attendant, or other Person who makes this Return.	J. Gilliman
Address	172 Saratoga St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 6th 1876
4. Place of Birth (Street and Number)	No 1 Cor Lafayette & Chester sts
5. Full Name of Mother	Maria Brunnett
6. Mother's Maiden Name	Berens
7. Mother's Birthplace	Germany
8. Full Name of Father	John Brunnett
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs E Bushman
Address	120 Baink st
Remarks	

Monthly Returns of Births and Deaths to be made to the Registrar of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics Required by Law.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15. 1876
4. Place of Birth (Street and Number)	286 E. Monument St.
5. Full Name of Mother	Mary Catherine Smith
6. Mother's Maiden Name	Mary Catherine Mayfield.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edwin Smith.
9. Father's Occupation	Produce dealer.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	S. N. Hench MD.
Address	70. E. Pacca St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. ***Sex*** (state whether Male or Female) Female
2. ***Race or Color*** (if not of the white race) Coloreid
3. ***Date of Birth*** ~~No 18 Plummer alley~~ May 15 1876
4. ***Place of Birth*** (Street and Number) No 18 Plumm alley
5. ***Full Name of Mother*** Sarah Claton
6. ***Mother's Maiden Name*** Sarah Border
7. ***Mother's Birthplace*** Kent island Maryland
8. ***Full Name of Father*** Charles Caton
9. ***Father's Occupation*** Coal yard
10. ***Father's Birthplace*** Kent island M. D.

Name of Medical Attendant, or other Person who makes this Return. Rachael Dorsey

Address No 32 Perry St

Remarks

111451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15th
4. Place of Birth (Street and Number)	Baltimore York Street N 78
5. Full Name of Mother	Bridget Healy
6. Mother's Maiden Name	" Kinamith
7. Mother's Birthplace	County Sligo Ireland
8. Full Name of Father	Patrick Healy
9. Father's Occupation	Street Cdr.
10. Father's Birthplace	County Roscommon Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 236 Montgomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11432

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 15th 1876
4. *Place of Birth* (Street and Number) 195 S Chappel Str
5. *Full Name of Mother* Mary Gebhart
6. *Mother's Maiden Name* " Everett
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm Benhard Gebhart.
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank str.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11433

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 15th 1876.
4. Place of Birth (Street and Number)	56 Paul Street.
5. Full Name of Mother	Louisa F. Heinrich
6. Mother's Maiden Name	L. F. Young
7. Mother's Birthplace	Saxe Germany
8. Full Name of Father	Charles H. Heinrich
9. Father's Occupation	Tailor.
10. Father's Birthplace	Dresden Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Heinrich
Address	56 Paul Street.
Remarks	

RETURN OF A BIRTH.

114511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 Maj
4. *Place of Birth (Street and Number)* 120 Langsta Strot
5. *Full Name of Mother* Margareta Flüler
6. *Mother's Maiden Name* Serwatowicz
7. *Mother's Birthplace* Rusland
8. *Full Name of Father* Kostanli Serwatowicz
9. *Father's Occupation* Rustand
10. *Father's Birthplace* Lifflnr

Name of Medical Attendant, or other Person who makes this Return. Mary Güttner

Address Wolf Strit No 245.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15d. 1876
4. Place of Birth (Street and Number)	7 N. Ann Nort
5. Full Name of Mother	Kathrine Bieran
6. Mother's Maiden Name	Kathrine O'Pi B
7. Mother's Birthplace	Germane
8. Full Name of Father	Konrat Bieran
9. Father's Occupation	Seken Stow Tules
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie L. Rudisy
Address	134 W. Bond Stret.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
23
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. *Sex* (*~~state whether Male or~~ Female*)
2. *Race or Color* (*~~if not of the~~ white race*)
3. *Date of Birth* May 15th 1876
4. *Place of Birth* (*Street and Number*) No 15 S Bond st Balto
5. *Full Name of Mother* Fannie E Martin
6. *Mother's Maiden Name* " " Mitchell
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* James H Martin
9. *Father's Occupation* Sail Maker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. I Ridgway Andre M D

Address No 121 E Balto st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 15th 1876.
4. *Place of Birth* (Street and Number) Locust Point Keyser Street No.
5. *Full Name of Mother* Ernestine Kirchstanicke
6. *Mother's Maiden Name* Ernestine Schäfer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred Kirchstanicke
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margaret Erdel

Address in good Physical condition

Remarks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11455

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Baltimore: May 1876.

1. *Sex* (state whether Male or Female) Male 1
2. *Race or Color* (if not of the white race) color
3. *Date of Birth* May the 15. 1876
4. *Place of Birth* (Street and Number) sutter. st 9)
5. *Full Name of Mother* Fanney Ann Hebel
6. *Mother's Maiden Name* Lizzie Beth boot
7. *Mother's Birthplace* east new market M.6 il.
8. *Full Name of Father* albert hebel
9. *Father's Occupation* laber
10. *Father's Birthplace* bor sen. il

Name of Medical Attendant, or other Person who makes this Return. doctor riley

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15th 1876
4. Place of Birth (Street and Number)	70 Pine st.
5. Full Name of Mother	Mary Hilbert
6. Mother's Maiden Name	Mary Conradis.
7. Mother's Birthplace	Germany
8. Full Name of Father	George Hilbert
9. Father's Occupation	Express Man
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Thos D Pennington Jr M.D.
Address	98 N Greene St
Remarks	

rect Record of Vital S

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

That any physician, accoucheur, midwife or other person in the City of Baltimore who attends upon any case of confinement, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 15th 1876
4. *Place of Birth (Street and Number)* N. W. Cor. Millinnan and Durham
5. *Full Name of Mother* Katie Theresa Hahn
6. *Mother's Maiden Name* " " Kenny
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Hahn
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27 N. Broadway.

Remarks The above is the same lady who gave birth to the four babies February 16th 1875 fifteen months ago

RETURN OF A BIRTH.

11.11.61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth May 15th

4. Place of Birth (Street and Number) 103 S. Paca St

5. Full Name of Mother Adela

6. Mother's Maiden Name Miller

7. Mother's Birthplace Baltimore

8. Full Name of Father Ernst Bolenius

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. Tellor Crawford M.D.

Address 137 W Fayette St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 15 th 1876
4. Place of Birth (Street and Number)	No 240 William st.
5. Full Name of Mother	Anna Braun
6. Mother's Maiden Name	Stemler
7. Mother's Birthplace	America
8. Full Name of Father	Cristoph Braun
9. Father's Occupation	Kaplen
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	23 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
25
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 25th of May

4. Place of Birth (Street and Number) 43 Baltimore Street

5. Full Name of Mother Eliza Hyatt.

6. Mother's Maiden Name

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Wm. H. Hyatt.

9. Father's Occupation Fireman.

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 36 Eastaw Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 15 May

4. Place of Birth (Street and Number) 1a & C. Baltimore St.

5. Full Name of Mother Rachel Lewis Nichols

6. Mother's Maiden Name

7. Mother's Birthplace Virginia

8. Full Name of Father Wilson Lewis

9. Father's Occupation Harness maker

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Gertraut. Hilge

Address 151 E. Pratt St.

Remarks

Registrar of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11463

11463

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* ~~1875~~ Mai
4. *Place of Birth (Street and Number)* Lemmingstown Street
5. *Full Name of Mother* Lisetta Abrahamson Lemmingstown
6. *Mother's Maiden Name* Lisetta Mixed
7. *Mother's Birthplace* Lubeck
8. *Full Name of Father* Ludwig Lemmingstown
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Lubeck

Name of Medical Attendant, or other Person who makes this Return. Lutz Lemmingstown Mary

Address 74 Lemmingstown Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11166

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st M.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	May 16th M. 1876
4. Place of Birth (Street and Number)	Collington Ave.
5. Full Name of Mother	Fannie B. Dittus
6. Mother's Maiden Name	" " Hadstel
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	William G. Dittus
9. Father's Occupation	Watchman.
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rock Pk. D,
Address	Balt. & Wash pts.
Remarks	Attended.

11467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th of May 1876
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colard
3. *Date of Birth*	Monday
4. *Place of Birth* (Street and Number)	Perry st 32
5. *Full Name of Mother*	Sarah Matilda Harris
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	virginia
8. *Full Name of Father*	henry Rollins
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	virginia
Name of Medical Attendant, or other Person who makes this Return.	R Rakil Dorsey
Address	32 Perry st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 16th 1876.
4. Place of Birth (Street and Number)	30. Hart Street
5. Full Name of Mother	Sophia Schlater
6. Mother's Maiden Name	L. Schreiber
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Wm. B. Schlater
9. Father's Occupation	Carter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Paul Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 15th May 1876.
4. *Place of Birth (Street and Number)* 366 Light St.
5. *Full Name of Mother* Lizie Ott.
6. *Mother's Maiden Name* Lizie Back.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gotfried Ott.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29. Elizabeth Lane.

Remarks

11470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Weiblich.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 16 Mai 1876.
4. *Place of Birth (Street and Number)* Canton. Luzern St.
5. *Full Name of Mother* Anna Buttkau
6. *Mother's Maiden Name* Bremmer.
7. *Mother's Birthplace* Oldenburg.
8. *Full Name of Father* Wilhelm Buttkau.
9. *Father's Occupation* Schiffer.
10. *Father's Birthplace* Königsberg.

Name of Medical Attendant, or other Person who makes this Return. Anton Simmen

Address 9 Donell St. Canton.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) non W.

3. *Date of Birth* 16 Mai 1876.

4. *Place of Birth* (Street and Number) Carstens Garrison St No 29.

5. *Full Name of Mother* Emilie Bettje.

6. *Mother's Maiden Name* Verch

7. *Mother's Birthplace* Nurnberg in Bavaria.

8. *Full Name of Father* August Bettje.

9. *Father's Occupation* Sandpaperer.

10. *Father's Birthplace* Arnstadt in Thuringen.

Name of Medical Attendant, or other Person who makes this Return. Simon Reimmer

Address 0 Darell St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11472

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th May 1876
4. Place of Birth (Street and Number)	64 Eastern Ave
5. Full Name of Mother	Bridget Mack
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernard Mack
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

11473

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 16th January 18 76

4. Place of Birth (Street and Number) Co Eastern Ave

5. Full Name of Mother Hannah Lanigan

6. Mother's Maiden Name Kafler

7. Mother's Birthplace Baltimore

8. Full Name of Father John Flanigan

9. Father's Occupation Laborer

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1876
4. Place of Birth (Street and Number)	238 E Lee St
5. Full Name of Mother	Alice Dudrow
6. Mother's Maiden Name	" Bromwell
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	T. Clifton W. Dudrow
9. Father's Occupation	Police Officer
10. Father's Birthplace	Harpers Ferry, Va.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1 E Lee St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 16th of May 1876
4. *Place of Birth (Street and Number)* 318 Madison st.
5. *Full Name of Mother* M. D. Shafer
6. *Mother's Maiden Name* M. D. Wattyer.
7. *Mother's Birthplace* Baltimore County.
8. *Full Name of Father* L. W. Shafer.
9. *Father's Occupation* Sargeant ~~Police~~ Police.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Ray Walker

Address 125 N. Schroeder st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) South. (10)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 16–'76.

4. Place of Birth (Street and Number) 23 George St.

5. Full Name of Mother Eleonore Augusta Wernig ~~Conner~~

6. Mother's Maiden Name Conner

7. Mother's Birthplace New York City

8. Full Name of Father Chas. William Wernig

9. Father's Occupation Musician – Leader 5th Regt Band.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Eutaw

Remarks 5(—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11477

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th May
4. Place of Birth (Street and Number)	Knocks Alley 32 Baltimore
5. Full Name of Mother	Mrs Meyers.
6. Mother's Maiden Name	Annie Cording
7. Mother's Birthplace	Oldenburg Germany
8. Full Name of Father	Mr Fredick Meyers
9. Father's Occupation	Boot Maker
10. Father's Birthplace	Bremen
Name of Medical Attendant, or other Person who makes this Return.	C. Fullenkamp
Address	No 573 West Lombard St
Remarks	Living Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE. MAY 25 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 16th of May

4. Place of Birth (Street and Number) 41 Hanover St

5. Full Name of Mother Amanda Strecky

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Charlotte Cosby

Address 36 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11479

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Mail Child
2. *Race or Color (if not of the white race)* Colard Child
3. *Date of Birth* Born May 16
4. *Place of Birth (Street and Number)* Hill St No 131
5. *Full Name of Mother* Sarah A Pegram
6. *Mother's Maiden Name* Sarah A Gardner
7. *Mother's Birthplace* Wilmington North Carline
8. *Full Name of Father* Nathanial A Pegram
9. *Father's Occupation* Shoe making
10. *Father's Birthplace* Wilmington N.C

Name of Medical Attendant, or other Person who makes this Return. Miley Grace

Address portups square av No 1.

Remarks

111150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	16 of May
4. Place of Birth (Street and Number)	No 38 Fort st
5. Full Name of Mother	Christine Abel
6. Mother's Maiden Name	Christine Rheinlanter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Abel
9. Father's Occupation	Labora
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111181

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 16th 1876
4. Place of Birth (Street and Number)	94 S Carlton Ave
5. Full Name of Mother	Bertha Reynard
6. Mother's Maiden Name	" Jaeger
7. Mother's Birthplace	Germany
8. Full Name of Father	John F Reynard
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger Midwife
Address	214 Preston St
Remarks	

11182.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16. 1876
4. Place of Birth (Street and Number)	23 Pennsylvania Av
5. Full Name of Mother	Bridget Slunt
6. Mother's Maiden Name	Bridget Coffay
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Charles Slunt
9. Father's Occupation	Police Officer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	B. B. Browne
Address	307 Madison Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE NOV 2 1976

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 17th 1876
4. *Place of Birth* (Street and Number) 21 Ensor Street
5. *Full Name of Mother* Emanuel T. Jackson
6. *Mother's Maiden Name* Emanuel Thomas
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James F. Jackson
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth S. Johnson

Address Crisfield Somerset County Md.

Remarks

HEALTH DEPARTMENT NOV 2 1976 BALTIMORE

RETURN OF A BIRTH.

114811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 17th 1876
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Katherin Koenig
6. *Mother's Maiden Name* " Jacoby
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friederick Koenig
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jas E Bustmann

Address 720 Bond str

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 17th 1876
4. Place of Birth (Street and Number)	69 Cambridge str
5. Full Name of Mother	Julia Fichtes
6. Mother's Maiden Name	" Scheres
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Fichtes
9. Father's Occupation	Capper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buzhmann
Address	120 Bank str
Remarks	

11486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 17th 1876
4. *Place of Birth (Street and Number)* 420 Canton Ave
5. *Full Name of Mother* Elizabeth Liebert
6. *Mother's Maiden Name* " Bernlein
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* George Liebert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 121 Bank Sto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth 17th of May.

4. Place of Birth (Street and Number) 202 Cathedral St.

5. Full Name of Mother Sarah Catherine Daughter

6. Mother's Maiden Name " " Pierce

7. Mother's Birthplace Baltimore

8. Full Name of Father William Daughert

9. Father's Occupation Carver Engraver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lafayette Cropley

Address 367 Eastlevest St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114455

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 & 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 17th of May

4. Place of Birth (Street and Number) Hudson, Allegheny Co.

5. Full Name of Mother Mary Ann McDonnell

6. Mother's Maiden Name

7. Mother's Birthplace Ireland.

8. Full Name of Father Patrick Coat

9. Father's Occupation Laborer

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

11489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1876
4. Place of Birth (Street and Number)	30 S. Broadway
5. Full Name of Mother	Annie J. Welch
6. Mother's Maiden Name	" " White
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm P. Welch
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Edward D. R. Shaw M.D.
Address	254 Eastern Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	17th May 1876
4. Place of Birth (Street and Number)	337 Light st
5. Full Name of Mother	Jane Shaw
6. Mother's Maiden Name	Jane Holland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Shaw
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Webster
Address	57 Barre
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 11th 1876
4. Place of Birth (Street and Number) 1077 N. Washington
5. Full Name of Mother Mary Lang
6. Mother's Maiden Name Mary Cable
7. Mother's Birthplace Baltimore Md
8. Full Name of Father August Lang
9. Father's Occupation School Teacher
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. Wm M. T. Bill
Address No 209 Monument St Cor Central Avenue Bill
Remarks All Well

11492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1876
4. Place of Birth (Street and Number)	No 376 Eutaw Place, Baltimore
5. Full Name of Mother	Mary Carter
6. Mother's Maiden Name	Mary Redpath
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernard Carter
9. Father's Occupation	Lawyer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Effin Buckler M D
Address	35 Aisquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11493
11494

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th & 5 Child. (twins

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 17th 1876.
4. *Place of Birth (Street and Number)* S. Eden. St. No 117.
5. *Full Name of Mother* Elisabetha Hammen
6. *Mother's Maiden Name* Elisabetha Bernhure
7. *Mother's Birthplace* Feierhausen N. Preussen. Germany
8. *Full Name of Father* Conrad Hammen
9. *Father's Occupation* Organ Builder
10. *Father's Birthplace* Lanseweiler N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address 1 Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 11th of May
4. *Place of Birth (Street and Number)* Springarden avenue No 5
5. *Full Name of Mother* Rachel Ann King
6. *Mother's Maiden Name* Rachel Ann Bird
7. *Mother's Birthplace* In Md. City
8. *Full Name of Father* George H. King
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Cambridge, Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Wily. Price

Address Patapsco avenue No 1

Remarks —

RETURN OF A BIRTH.

111496

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 76
4. Place of Birth (Street and Number)	#43. S. Exeter St.
5. Full Name of Mother	Kunigunda Pfeiffer
6. Mother's Maiden Name	Kunigunda Pfeiffer
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Pfeiffer
9. Father's Occupation	Huckster
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Latrer
Address	123 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 3.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 14 May 1876.

4. *Place of Birth (Street and Number)* #86 W. Eden

5. *Full Name of Mother* Elmira Scrogg

6. *Mother's Maiden Name* Hart

7. *Mother's Birthplace* Hillen's Island Balto. County

8. *Full Name of Father* John Robert Scrogg

9. *Father's Occupation* Plumber and Coppersmith

10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. G. H. Hayson

Address #18 Aisquith St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 17th 1876.
4. Place of Birth (Street and Number)	160 Chesnut St.
5. Full Name of Mother	Louisa Browning.
6. Mother's Maiden Name	Louisa Swain.
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Edward Browning.
9. Father's Occupation	Moulder.
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M.D.
Address	1 & S Exeter St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1876
4. Place of Birth (Street and Number)	842 N Stricker St
5. Full Name of Mother	M H Garrett —
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm H Garrett —
9. Father's Occupation	Green Grocer —
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J H Mowry
Address	76 Stack st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 17th 1876
4. *Place of Birth (Street and Number)* No 4 Hagar's Court
5. *Full Name of Mother* Eliza Smith
6. *Mother's Maiden Name* " Martin
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* J Henry Smith
9. *Father's Occupation* Sailor Carver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Strimer

Address 129 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or se at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, thin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11501

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	eighth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	may 17th 1876
4. Place of Birth (Street and Number)	locust point cooney st no 102
5. Full Name of Mother	maria Kelly
6. Mother's Maiden Name	mcnulty
7. Mother's Birthplace	Ireland
8. Full Name of Father	James dennis Kelly
9. Father's Occupation	judge
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	mrs margaret Estel
Address	in good phisical condition
Remarks	

11502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* 6 May 18th 1876
4. *Place of Birth (Street and Number)* Hanover St # 81
5. *Full Name of Mother* May Jamison
6. *Mother's Maiden Name* " " Haines
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Andrew Jamison
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 48 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11503

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	21 Bond
5. Full Name of Mother	Sarah Tingley
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Tingley
9. Father's Occupation	Mariner
10. Father's Birthplace	Phila Pa
Name of Medical Attendant, or other Person who makes this Return.	M. D. G. H. Lewis
Address	162 Hanover St
Remarks	Leaving the City just after these cases and have just return home, I forward them to you.

RETURN OF A BIRTH.

11504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	364 N. Fremont St.
5. Full Name of Mother	Mary Virginia Merryman
6. Mother's Maiden Name	Howell
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Louis Clayton Merryman
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	William W. Murray M.D
Address	10 N. Carey St.
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 4th.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	with
3. Date of Birth	May the 18th between 8 & 9 O Clock
4. Place of Birth (Street and Number)	Portland St No 49
5. Full Name of Mother	Maria Margretha Kunz
6. Mother's Maiden Name	Maria Margretha Teilbach
7. Mother's Birthplace	Erlebach Bavaria
8. Full Name of Father	Peter Kunz
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Sarchenroth Rein Preusen
Name of Medical Attendant, or other Person who makes this Return.	L. Dimmler
Address	
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	266 S. Ann st
5. Full Name of Mother	Kunigunda Kalb
6. Mother's Maiden Name	"
7. Mother's Birthplace	Germany
8. Full Name of Father	George Kalb
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	64 Schroeder st
5. Full Name of Mother	Ella S. Perry
6. Mother's Maiden Name	" " Loving
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Perry Jr
9. Father's Occupation	Clerk
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	J. E. Gilchrist M. D.
Address	47 Edmondson ave
Remarks	

11508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 18th 1876
4. *Place of Birth* (Street and Number)	#120. S. Dallas Street
5. *Full Name of Mother*	Margreat Stepney
6. *Mother's Maiden Name*	Margreat Thompson
7. *Mother's Birthplace*	Dayvshester County Md
8. *Full Name of Father*	William Stepney
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Annapolis Md
Name of Medical Attendant, or other Person who makes this Return.	Louisa Seaton
Address	#111. S. Dallas Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	425 W Fayette St
5. Full Name of Mother	Susie Fenton
6. Mother's Maiden Name	Susie Cheeley
7. Mother's Birthplace	Baltimore County.
8. Full Name of Father	Jno J Fenton
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mc Pheeters Wm
Address	19 N Calhoun St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11510

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 18th May 1876.
4. *Place of Birth (Street and Number)* E Light St. 548.
5. *Full Name of Mother* Mary Freud.
6. *Mother's Maiden Name* Mary Elliott.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Albert Freud.
9. *Father's Occupation* Brick Molder.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No. 29 Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

115 F

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Color
3. *Date of Birth* May 18 1876
4. *Place of Birth* (Street and Number) Pleasant alley 2 P
5. *Full Name of Mother* Mrs G Ballett
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Chas J Ballett
9. *Father's Occupation* Brick mould[er]
10. *Father's Birthplace* Kent County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Kennedy

Address Reinhardstad 2 719 Hamburg & Stud

Remarks She is in a fin condition

11512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) birth of a male child ~~on the 18th ninety~~
2. *Race or Color* (if not of the white race) of the color race
3. *Date of Birth* on the 18. ten minet of seven oclock
4. *Place of Birth* (Street and Number) no 101 Russel Street
5. *Full Name of Mother* Sophine belt
6. *Mother's Maiden Name* belt
7. *Mother's Birthplace* Baltmore county
8. *Full Name of Father* willam buttlore
9. *Father's Occupation* fornyner
10. *Father's Birthplace* rele house

Name of Medical Attendant, or other Person who makes this Return.

Address 8 rosabel galloway

Remarks no 146 lee street

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11513

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 18 May 1876

4. Place of Birth (Street and Number) 2 E. Eden St

5. Full Name of Mother Wilhelmina Kuhnmuench

6. Mother's Maiden Name Hauk

7. Mother's Birthplace Germany

8. Full Name of Father Bernhard Kuhnmuench

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpel

Address 52 E. Lombard St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

115111

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

111

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 15th May 1876

4. Place of Birth (Street and Number) 92 Aliceanna St.

5. Full Name of Mother Rosa Kolbe

6. Mother's Maiden Name Rauch

7. Mother's Birthplace Germany

8. Full Name of Father Wenzel Kolbe

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St.

Remarks

11515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1876 - 11-50 oclk p. m.
4. Place of Birth (Street and Number)	36 Wheatland st
5. Full Name of Mother	Amanda Jane Devilbiss
6. Mother's Maiden Name	Ward
7. Mother's Birthplace	Westminster - Carroll Co. Md.
8. Full Name of Father	Million Devilbiss
9 Father's Occupation	Wagoner
10. Father's Birthplace	Union Town - Md.
Name of Medical Attendant, or other Person who makes this Return.	William H. Murray M.D
Address	No. 10 N. Carey st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	56 N. Howard St
5. Full Name of Mother	Mary Rose George
6. Mother's Maiden Name	" " Laetner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Anton George
9. Father's Occupation	Fresco Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No. 45 Monroe St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 6-25-57

RETURN OF A BIRTH.

11517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

Ida Goldmann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18 May 1876
4. Place of Birth (Street and Number)	63 Orleans St.
5. Full Name of Mother	Sarah Goldmann
6. Mother's Maiden Name	Klitnich
7. Mother's Birthplace	Poland
8. Full Name of Father	Samuel Goldmann
9. Father's Occupation	Dressmaker
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Gerhard Miller
Address	151 E Fath St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 18th

4. Place of Birth (Street and Number) 14 Saratoga St

5. Full Name of Mother Hilah Van Bibber Talbot

6. Mother's Maiden Name Richmond Ferguson

7. Mother's Birthplace Philips Mayo Talbot Co

8. Full Name of Father Talbot mayo

9. Father's Occupation Richmond Va

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Wm Upshur

Address 134 E. Eutaw

Remarks

Post Records of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1876.
4. Place of Birth (Street and Number)	108 Vine Street
5. Full Name of Mother	Catherine Agnes Stone
6. Mother's Maiden Name	Catherine Agnes Dorsey
7. Mother's Birthplace	Frederick Md.
8. Full Name of Father	John W. Stone
9. Father's Occupation	Carpenter
10. Father's Birthplace	Pikesville Md.
Name of Medical Attendant, or other Person who makes this Return.	Benjamin Whiteley M.D.
Address	308 N. Fayette St Cor. Fremont
Remarks	None

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d. 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Mai 18 1876
4. *Place of Birth (Street and Number)* 93 Lenteral Avenue
5. *Full Name of Mother* Kathriene Junger
6. *Mother's Maiden Name* L. Kaehand
7. *Mother's Birthplace* Nainork Ste
8. *Full Name of Father* Siegmunt Juenger
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Stret

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1876
4. Place of Birth (Street and Number)	558 Aisquith St
5. Full Name of Mother	Margaret Finick
6. Mother's Maiden Name	Welch
7. Mother's Birthplace	Scotland
8. Full Name of Father	Philip Finick
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T. Christmas
Address	129 E Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11522

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3) Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19th 1876
4. *Place of Birth (Street and Number)* No 406 N Lombard St Balto Md
5. *Full Name of Mother* Delia Dorsity
6. *Mother's Maiden Name* Delia Kelly
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John R Dorsity
9. *Father's Occupation* Fireman, Locomotive B & O R. R.
10. *Father's Birthplace* Ellicott City

Name of Medical Attendant, or other Person who makes this Return. Wm Crumbie

Address No 60 Schroder St

Remarks

RETURN OF A BIRTH.

11523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1876
4. Place of Birth (Street and Number)	14 Pearl St
5. Full Name of Mother	Elizabeth Moorhead
6. Mother's Maiden Name	Lowrey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H Moorhead
9. Father's Occupation	Merchant
10. Father's Birthplace	Waynesborough Penn a
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The First child
1. Sex (state whether Male or Female)	Femil
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	Tuesday may th 19
4. Place of Birth (Street and Number)	No Eastern avenu
5. Full Name of Mother	Leana Jane Bottier
6. Mother's Maiden Name	Leana Jane Bellison
7. Mother's Birthplace	Carroll count
8. Full Name of Father	Eduard Raner
9. Father's Occupation	Labar
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25 1876
4. Place of Birth (Street and Number)	No 247 N. Gilmor St. Baltimore
5. Full Name of Mother	Sarah Spotts
6. Mother's Maiden Name	Sarah Lecompte
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Richard Spotts
9. Father's Occupation	Book Keeper & Salesman
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary A. Bull
Address	No 269 Monument St Cor Centre Street
Remarks	Bothwell

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 19
4. *Place of Birth (Street and Number)* 219 Canton Av
5. *Full Name of Mother* Margaretha Gries
6. *Mother's Maiden Name* " Wicht
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Gries
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Beginn Heidlage

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
25
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1876
4. Place of Birth (Street and Number)	Holland bet. Balto County
5. Full Name of Mother	Sophia Schmidt
6. Mother's Maiden Name	Sophia Sapp
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jacob Schmidt
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Hoy
Address	173 South Chester st
Remarks	Healthy Child — No quickly

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st M.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th May 1876
4. Place of Birth (Street and Number)	No. 19 Seven Ville
5. Full Name of Mother	Ann Rhinehart
6. Mother's Maiden Name	Ann McDonough
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bartholomew Rhinehart
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	173 South Chas St
Remarks	Healthy Child — Doctor Baisley

11529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 19th May 1876.
4. *Place of Birth (Street and Number)* Greack alla No 4.
5. *Full Name of Mother* Britget Tolly
6. *Mother's Maiden Name* Britget Cortens.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Pat Tolly.
9. *Father's Occupation* Labarer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29 Elezabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
26
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 19th 1876
4. *Place of Birth* (Street and Number)	211 Hamburg Street
5. *Full Name of Mother*	Cora Seymour
6. *Mother's Maiden Name*	Barton
7. *Mother's Birthplace*	~~Louisiana~~ Virginia
8. *Full Name of Father*	Henry Seymour
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Nancy Logsith Midwife Col
Address	186 Hark Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115.31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The fourth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth May 19th

4. Place of Birth (Street and Number) 38 Mc Elderry st extended

5. Full Name of Mother Catherina Sophia Blening

6. Mother's Maiden Name Rose

7. Mother's Birthplace Germany

8. Full Name of Father Harry H. Blening

9. Father's Occupation Painter

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. C. J. Kreuter M. D

Address 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 19th 1876

4. Place of Birth (Street and Number) 46 W. Eager

5. Full Name of Mother Rosanah Fallan

6. Mother's Maiden Name Rosanah Curran

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Fallan

9. Father's Occupation Coachman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address 17 East Mc Elderry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~Negro~~ White
3. Date of Birth	May 19
4. Place of Birth (Street and Number)	142 Lancaster St.
5. Full Name of Mother	Emyli Mathilda Berg
6. Mother's Maiden Name	West
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Berg
9. Father's Occupation	Lacquer
10. Father's Birthplace	Sweden
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Bindel
Address	1021 South Bond St
Remarks	

RETURN OF A BIRTH.

11531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1876
4. Place of Birth (Street and Number)	41 Preston st
5. Full Name of Mother	Margaret Jones
6. Mother's Maiden Name	Margaret McClain
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Grafton Jones
9. Father's Occupation	Mr Chinist.
10. Father's Birthplace	Baltimore Co Md.
Name of Medical Attendant, or other Person who makes this Return.	John A. Conner
Address	986 E. Balt at N. W. Cor
Remarks	Broadway Balt Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1876
4. Place of Birth (Street and Number)	No. 562 Penn ave
5. Full Name of Mother	Maria Gemeten
6. Mother's Maiden Name	" Pfeifer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Gemeten
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Schmitt
Address	476 Penn ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	—
3. Date of Birth	May 19th 1876.
4. Place of Birth (Street and Number)	315 Mulberry St.
5. Full Name of Mother	Mary Elizabeth Rogers.
6. Mother's Maiden Name	" " Reister.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Charles M. Rogers.
9. Father's Occupation	Machinist.
10. Father's Birthplace	Balto City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall, M. D.
Address	158 S. Sharp St.
Remarks	Child living, and well developed.

11537

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 10 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male Child
2. *Race or Color* (if not of the white race) Color
3. *Date of Birth* May the 19 1876
4. *Place of Birth* (Street and Number) Freemont St No 11
5. *Full Name of Mother* Josephine Pope
6. *Mother's Maiden Name* Josephie Thomas
7. *Mother's Birthplace* Halograys
8. *Full Name of Father* John Pope
9. *Father's Occupation* Brick Mason
10. *Father's Birthplace* West Stingmon

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Margret Spriggs

Remarks Removed Liberty Town about 2

Correct Record of Vital Statistics in the City of Baltimore.

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11538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1876
4. Place of Birth (Street and Number)	312 Harford Ave
5. Full Name of Mother	Olivia A H Cook
6. Mother's Maiden Name	Olivia A H Cook
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph H Varner
9. Father's Occupation	Coach Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 19 the 1876.

4. *Place of Birth (Street and Number)* No 270 Caroline St Baltimore

5. *Full Name of Mother* Annie E. Croswell.

6. *Mother's Maiden Name* Webber.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Isaac Croswell

9. *Father's Occupation* Carpenner

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Ebarington

Address 240 Essex Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics

RETURN OF A BIRTH.

115440

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 19th 1876

4. Place of Birth (Street and Number) 8 Carroll St

5. Full Name of Mother Christine Block

6. Mother's Maiden Name " " Haase

7. Mother's Birthplace Germany

8. Full Name of Father Frederick C. Block

9. Father's Occupation Wheelwright

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Isaac Macenzie (Col)

Address 214 Division St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1876 Baltimore
4. *Place of Birth (Street and Number)* No. 15 Biddle St.
5. *Full Name of Mother* Molly Baker
6. *Mother's Maiden Name* Molly Hall
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Baker
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Burk

Address No 209 Monument St. Cor Central Avenue Balto. City

Remarks All well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 20th 1876
4. *Place of Birth* (Street and Number)	No 123 E Monument St
5. *Full Name of Mother*	Elizabeth Smeltz
6. *Mother's Maiden Name*	Elizabeth Herr
7. *Mother's Birthplace*	Hesses Germany
8. *Full Name of Father*	Henry Smeltz
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Hesses Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm M. A. Butler
Address	123 E. Monument St. cor Central Avenue Baltimore
Remarks	All Well

11511.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2-Tw 2

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth May 20th 1876.

4. Place of Birth (Street and Number) 96 Jackson Sq. Ave.

5. Full Name of Mother Amanda O'Connor

6. Mother's Maiden Name Fanhorn

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Timothy O'Connor

9. Father's Occupation Engineer

10. Father's Birthplace Boston Mass.

Name of Medical Attendant, or other Person who makes this Return. Gilgwille Burk M. D. Balt. & Ohio R.R.

Address Natural

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

115411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	20th May 1876
4. Place of Birth (Street and Number)	372 Hanover
5. Full Name of Mother	Maggie Devenny
6. Mother's Maiden Name	Maggie Fahey
7. Mother's Birthplace	Ireland
8. Full Name of Father	Gregory Devenny
9. Father's Occupation	Labrer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jd. H. Wolstenholme
Address	57. Barnet
Remarks	

RETURN OF A BIRTH.

• 11515

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	20 e May
4. Place of Birth (Street and Number)	1 baltimore. orleans St 245
5. Full Name of Mother	Carter & Grant
6. Mother's Maiden Name	Carter Grant Parker
7. Mother's Birthplace	Pennsylvania Penn Country.
8. Full Name of Father	Edwarrence Parker
9. Father's Occupation	Hairman
10. Father's Birthplace	Smithfield Va Isle of Wight
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lyles
Address	orleans St 247
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one male Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* of the Colord Race
3. *Date of Birth* may the 20.18.76
4. *Place of Birth (Street and Number)* bradford al 92 Baltimore
5. *Full Name of Mother* Mary Stepney
6. *Mother's Maiden Name* mary Cane
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* Lewyes Stepney
9. *Father's Occupation* Labor
10. *Father's Birthplace* Arrundle County Md

Name of Medical Attendant, or other Person who makes this Return. Lorendy Woolford

Address Eggesser St 130

Remarks o

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11317

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Color

3. Date of Birth Bard May the 20

4. Place of Birth (Street and Number) Chesnutalley no 96

5. Full Name of Mother horett ~~Robson~~ Rober

6. Mother's Maiden Name horett dossy

7. Mother's Birthplace hosfort county

8. Full Name of Father willom Raller

9. Father's Occupation Bogen baffie

10. Father's Birthplace Bond Baltimar City

Name of Medical Attendant, or other Person who makes this Return. Jonny Dulton

Address 94 st Mary st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nt child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	20 th inst
4. Place of Birth (Street and Number)	welcom ally no 66
5. Full Name of Mother	rosania johnson
6. Mother's Maiden Name	rosania Louis
7. Mother's Birthplace	Lexington va
8. Full Name of Father	richard johnson
9. Father's Occupation	waiter
10. Father's Birthplace	virginia
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia porter
Address	fine healthy child
Remarks	

11549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child,
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	May 20th 1876.
4. Place of Birth (Street and Number)	53 Henrietta St,
5. Full Name of Mother	Mary Elizabeth Romoser,
6. Mother's Maiden Name	" " Causey,
7. Mother's Birthplace	Balto. City,
8. Full Name of Father	Alexander F. Romoser,
9. Father's Occupation	Money Messenger, Adams Exp. Co,
10. Father's Birthplace	Balto City,
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.,
Address	158 S. Sharp St,
Remarks	Child living,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	20th May
4. Place of Birth (Street and Number)	22 Spring St
5. Full Name of Mother	Catherine Butler
6. Mother's Maiden Name	Wayne
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Butler
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carpe
Address	52 Edmond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 20th May 1876

4. Place of Birth (Street and Number) 189 Hillen St

5. Full Name of Mother Mary Elizabeth Taylor

6. Mother's Maiden Name Long

7. Mother's Birthplace U. States of America

8. Full Name of Father John Taylor

9. Father's Occupation Bricklayer

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Jno Taylor

Address 12 Broom Land St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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11652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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11853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11531

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* may 20 1876
4. *Place of Birth (Street and Number)* 12a Morris alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Gracie Felton
7. *Mother's Birthplace* Virginia
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Doctress

Address 85 Orchard Street

Remarks

11655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 20th 1876
4. Place of Birth (Street and Number)	No 7 Countant's Ln
5. Full Name of Mother	Emma Button
6. Mother's Maiden Name	Emma Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John P Button
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Allen Stubbs
Address	42 S Sharp St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11556

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1876
4. Place of Birth (Street and Number)	S E Cor of Fremont & George sts
5. Full Name of Mother	Maggie Rediser
6. Mother's Maiden Name	Maggie Schaffer
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	George Rediser
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jno D Pennington M D.
Address	98 N Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11057

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th child
1. *Sex* (state whether Male or Female)	a girl
2. *Race or Color* (if not of the white race)	color White
3. *Date of Birth*	this the 20th of May 1876
4. *Place of Birth* (Street and Number)	60 North Washington st
5. *Full Name of Mother*	Johana Frick
6. *Mother's Maiden Name*	Johana Struck
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	August Struck
9. *Father's Occupation*	Carver
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 North chappel st for John Kunkel.
Remarks	Healty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 20th 1876
4. *Place of Birth* (Street and Number) 254 N Calvert St
5. *Full Name of Mother* Rosalie Sterling
6. *Mother's Maiden Name* Rosalie Kelly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Murry Sterling
9. *Father's Occupation* Bank Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos J. Lippincott M.D

Address 107 St Paul St

Remarks

11039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 ~~0~~ th. child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* 20th inst
4. *Place of Birth* (Street and Number) york st no 130
5. *Full Name of Mother* margret pew
6. *Mother's Maiden Name*
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* philip pew
9. *Father's Occupation* sugar house
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Porter

Address no 4 patapsco av

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11560

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20/76.
4. *Place of Birth (Street and Number)* 248½ Columbia Ave.
5. *Full Name of Mother* Augusta Kalb
6. *Mother's Maiden Name* Langendörfer
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* John Kalb
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11561

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* (20) May 76
4. *Place of Birth (Street and Number)* 81 Hanover St.
5. *Full Name of Mother* Eliza Lohmeyer
6. *Mother's Maiden Name* " Marhlich
7. *Mother's Birthplace* Russia
8. *Full Name of Father* Wm Lohmeyer
9. *Father's Occupation* Fancy Goods Dealer
10. *Father's Birthplace* Hannover Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Krohn

Address 328 South Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11562

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 ~~Female~~ 6th ~~Female~~

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 20th 1876.

4. Place of Birth (Street and Number) 164. Saratoga St

5. Full Name of Mother Manuela Valdivieso de Contaut

6. Mother's Maiden Name Manuela Valdivieso

7. Mother's Birthplace Spain

8. Full Name of Father Ramon de Contaut y Manuel

9. Father's Occupation Lawyer and public writer

10. Father's Birthplace Spain

Name of Medical Attendant, or other Person who makes this Return. Gertraut Kelley

Address 157 E Pratt St

Remarks

11563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth (12th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20 1876
4. Place of Birth (Street and Number)	327 Harford Ave
5. Full Name of Mother	Postilina Martin
6. Mother's Maiden Name	Postilina Brock
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Walter Martin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11561

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 20th 1876.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20th 1876.
4. *Place of Birth (Street and Number)* No 268 Caroline St.
5. *Full Name of Mother* Caroline Weber.
6. *Mother's Maiden Name* Caroline Krug.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Henry Weber.
9. *Father's Occupation* Carpenter & House.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arnold

Address No 137 S Wolfe St.

Remarks

11563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 20-76.

4. Place of Birth (Street and Number) 208 N. Eutaw St.

5. Full Name of Mother Ida Catherine Templeman

6. Mother's Maiden Name Franck

7. Mother's Birthplace Balto. City.

8. Full Name of Father Alexander Edwin Templeman

9. Father's Occupation Wholesale tobacco merchant.

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1876
4. Place of Birth (Street and Number)	Baltimore Amity st near 36
5. Full Name of Mother	Hannora Mc. Gerry
6. Mother's Maiden Name	" Flarity
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Mc. Gerry
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 5 E Perkins st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd	3rd
1. Sex (state whether Male or Female)	F	Female
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	21st May	21st May 1876
4. Place of Birth (Street and Number)	54 Albemarle	54 Albemarle
5. Full Name of Mother	Eliz Goodyear	Elizabeth Goodyear
6. Mother's Maiden Name	" Douglas	" Douglas
7. Mother's Birthplace	Balto	Baltimore
8. Full Name of Father	Ferdinand Goodyear	Ferdinand Goodyear
9. Father's Occupation	Contractor	Contractor
10. Father's Birthplace	Brooklyn N. Y	New York
Name of Medical Attendant, or other Person who makes this Return.		Geo B Reynolds M.D.
Address		34 N. Calvert
Remarks		

11565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether Male or Female)* mall
2. *Race or Color (if not of the white race)* ~~twite~~ white
3. *Date of Birth* may 21 th
4. *Place of Birth (Street and Number)* Bird 31 No 2
5. *Full Name of Mother* Augusta Seitz
6. *Mother's Maiden Name* Augusta Heidanel
7. *Mother's Birthplace* Baltimore m.d
8. *Full Name of Father* Henry Seitz
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 27 monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 31. 76.
4. Place of Birth (Street and Number)	7 N. Fremont
5. Full Name of Mother	Adelaide Crawford
6. Mother's Maiden Name	Switzer
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm Francis Crawford
9. Father's Occupation	Furniture Mover
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Lewis McLachlan
Address	319 Lee
Remarks	Natural.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11570

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 21st 1876
4. Place of Birth (Street and Number)	256 S Caroline Street
5. Full Name of Mother	Otilie Michen
6. Mother's Maiden Name	" " Porchaleck
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Valentin Michen
9. Father's Occupation	Tailor
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Terezia Merzel
Address	248 S Bond Street
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 & Child,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 21st of May. 1876.
4. *Place of Birth (Street and Number)* No 31 Brown st.
5. *Full Name of Mother* Ameila Blid
6. *Mother's Maiden Name* Ameila Carven.
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Gorge Blid
9. *Father's Occupation* a Baker.
10. *Father's Birthplace* in Gemeny.

Name of Medical Attendant, or other Person who makes this Return. Midwif Theresa Engelsinger

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE.

11572

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 May
4. Place of Birth (Street and Number)	187 Hanover St
5. Full Name of Mother	Margaretta Wolf
6. Mother's Maiden Name	McG Holden
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Wolf
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Rowe
Address	128 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	21st May
4. Place of Birth (Street and Number)	15 Duncan alley Baltimore
5. Full Name of Mother	Sarah Cooper
6. Mother's Maiden Name	Sarah Joshua
7. Mother's Birthplace	St Michaels Maryland
8. Full Name of Father	Charles H Cooper
9. Father's Occupation	Caulker
10. Father's Birthplace	193 Durham St Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Betsy Mundray
Address	5 Duncan alley
Remarks	—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21st May 1876
4. *Place of Birth (Street and Number)* 146 N Milton Ave st
5. *Full Name of Mother* Julia Agnes Sawyer
6. *Mother's Maiden Name* Julia Agnes Stephens
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Thomas Joseph Sawyer
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Averell

Address 286 me Donogh st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11575

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) Mulatto

3. *Date of Birth* May 21st 1876

4. *Place of Birth* (*Street and Number*) Hanover St near Pratt

5. *Full Name of Mother* Mary Spencer

6. *Mother's Maiden Name* Mary A Scott

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph Spencer

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Thomas Jones M.D.

Address Hanover & Baltimore St

Remarks

11576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27, 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21
4. *Place of Birth (Street and Number)* Lamerton ell No 12 Baltimore
5. *Full Name of Mother* Mary Brown
6. *Mother's Maiden Name* Mary Schaub
7. *Mother's Birthplace* [redacted] Washington
8. *Full Name of Father* Henry Brown
9. *Father's Occupation* [redacted] Engineer
10. *Father's Birthplace* Washington

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bundel

Address [redacted] South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex* (state whether Male ~~or Female~~) M

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Mai 21th 1876.

4. *Place of Birth* (Street and Number) E. Lombard St. No 323.

5. *Full Name of Mother* Elisabetha Steinsdorfer

6. *Mother's Maiden Name* Elisabetha Pertner

7. *Mother's Birthplace* Bronspery k. k. Oestreich Europa

8. *Full Name of Father* Georg Steinsdorfer

9. *Father's Occupation* Stone cutter

10. *Father's Birthplace* Schenden k. k. Oestreich Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21st
4. Place of Birth (Street and Number)	180 Hollins
5. Full Name of Mother	Laura A Brown
6. Mother's Maiden Name	" " Canapp
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jesse Brown
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dunbar Midwife
Address	6 Month Birth
Remarks	lived one hour

Buried at Western Cemetery May 22
J B Cook 707 W Pt Baltimore St Undertaker

11579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 May
4. *Place of Birth (Street and Number)* Depere Stll No 30
5. *Full Name of Mother* Veronika Fleischmann
6. *Mother's Maiden Name* nee Weberpalls
7. *Mother's Birthplace* Hoffelstein Baijern
8. *Full Name of Father* Adam Fleischmann
9. *Father's Occupation* Tajlor
10. *Father's Birthplace* Burghkunstadt Baijern

Name of Medical Attendant, or other Person who makes this Return. Louis Sindler

Address No 45 Monroe St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 of May 1876
4. *Place of Birth (Street and Number)* N 14. Sarge St
5. *Full Name of Mother* Lisabeth Schlang
6. *Mother's Maiden Name* Schüler
7. *Mother's Birthplace* Grantsburg Hessen
8. *Full Name of Father* Georg Schlang
9. *Father's Occupation* Railing Smith
10. *Father's Birthplace* Nassau Hessen

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21st 76
4. Place of Birth (Street and Number)	Hall St. Locust Point
5. Full Name of Mother	Joanna Seal
6. Mother's Maiden Name	Joanna Pitt
7. Mother's Birthplace	Frdk Co Md
8. Full Name of Father	Henry Seal
9. Father's Occupation	Laborer
10. Father's Birthplace	Winchester Va
Name of Medical Attendant, or other Person who makes this Return.	J. W. Walls M.D.
Address	185 Eutaw.
Remarks	Head Presentation, 1st Position — This patient has had 5 Miscarriages in addition to 11 births at full term,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth 21. of May 1876

4. Place of Birth (Street and Number) N.40 Abbott St.

5. Full Name of Mother Josefa Dazecka,

6. Mother's Maiden Name Josefa Dizgisova,

7. Mother's Birthplace Bohemia,

8. Full Name of Father Franc Dazecky.

9. Father's Occupation Laberer.

10. Father's Birthplace Bohemia,

Name of Medical Attendant, or other Person who makes this Return. Balsina Dazecka,

Address N.30 Abbott St.

Remarks Born Live.

11553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 21st of May
4. *Place of Birth* (Street and Number) Gay St cor 615
5. *Full Name of Mother* Marie Mardaga
6. *Mother's Maiden Name* Marie Teal
7. *Mother's Birthplace* nyb Bieber in Curhessen
8. *Full Name of Father* Louis Mardaga
9. *Father's Occupation* Tanner
10. *Father's Birthplace* nyb im Berg in Preussen

Name of Medical Attendant, or other Person who makes this Return. Dr Christian Miller

Address 164 Sterling St cor ~~Low~~ 166.

Remarks

Fee Record of Vital Statistics.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11584

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 1876
4. *Place of Birth (Street and Number)* N 41 Mount-Vernon Place
5. *Full Name of Mother* Alice S. Clendinen
6. *Mother's Maiden Name* Alice Shriver
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas A. Clendinen
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. C. Chatard M.D

Address N 114 Park Ave

Remarks

11585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May. 21st 76.
4. Place of Birth (Street and Number)	Canton ave No. 404.
5. Full Name of Mother	Louise Nagel.
6. Mother's Maiden Name	Shalv
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Ludwig - Nagel
9. Father's Occupation	Baker
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	No. 320 Alice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

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11586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29nd " 1876
4. Place of Birth (Street and Number)	Baltimore Hills Street No. 18
5. Full Name of Mother	Columbia Weeler
6. Mother's Maiden Name	" Booze
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wesley Weeler
9. Father's Occupation	mariner
10. Father's Birthplace	St. Mary County
Name of Medical Attendant, or other person who makes this return	Mrs Elizabeth Scarborough
Address	No 236 Montgomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Mai 22d. 1876
4. *Place of Birth (Street and Number)* Schuller Stret 17
5. *Full Name of Mother* Marie Jakob
6. *Mother's Maiden Name* Marie Schuchman
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Georg. Jakob
9. *Father's Occupation* ~~Germane~~ Butcher
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n. Bond Stret

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 22 - 1876

4. *Place of Birth* (Street and Number) 1102 Bryant st

5. *Full Name of Mother* Catherine E. Sundermann

6. *Mother's Maiden Name* Catherine E. Zeiger

7. *Mother's Birthplace* Cumberland Pa

8. *Full Name of Father* Adolph L. Sundermann

9. *Father's Occupation* Grocer & Baker

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm. Keplin M.D.

Address 97 Hanover st

Remarks

11358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	22 of May
4. Place of Birth (Street and Number)	Cross St # 439
5. Full Name of Mother	Liza Squiers
6. Mother's Maiden Name	Liza Nicoles
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alford Squiers
9. Father's Occupation	Hauge Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11390

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 22 1876
4. Place of Birth (Street and Number)	No 1 Clemmens Ct
5. Full Name of Mother	Caroline Canning
6. Mother's Maiden Name	Caroline Hinton
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Canning
9. Father's Occupation	Caulker Man
10. Father's Birthplace	Easton Shore
Name of Medical Attendant, or other Person who makes this Return.	Boulton Whiting
Address	No 70 Chesnut Street
Remarks	Mother Child doing Well

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rect Record of Vital Statistics in the City of Baltimore.

11591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	22d May 76
4. Place of Birth (Street and Number)	45 Lombard St.
5. Full Name of Mother	Mary Doughetty
6. Mother's Maiden Name	Sullivan
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Thomas Doughetty
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 16 Thirteen 1876

4. Place of Birth (Street and Number) No 16 Hanover

5. Full Name of Mother Amelia Leach

6. Mother's Maiden Name Amelia Coulson

7. Mother's Birthplace Virginia

8. Full Name of Father Isaac Leach

9. Father's Occupation Cooper

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr J H Thompson

Address No 15 E Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	May 22 1876
4. Place of Birth (Street and Number)	Balt. Bank St. Nr 280
5. Full Name of Mother	Mary Stanly
6. Mother's Maiden Name	Mary Banks.
7. Mother's Birthplace	Delaware.
8. Full Name of Father	Edward Francis Stanly
9 Father's Occupation	Magistrate
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Margaret A. Davenport.
Address	218 Bank St.
Remarks	Mother and Child are doing well.

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	German.
3. Date of Birth	May 22 1876
4. Place of Birth (Street and Number)	118 Lorman St. Locust Point Balto
5. Full Name of Mother	Caroline Rohdy
6. Mother's Maiden Name	Caroline Bleidt
7. Mother's Birthplace	Furstenburg Germany
8. Full Name of Father	John Fikes Rohdy
9, Father's Occupation	Blacksmith
10. Father's Birthplace	Windorf Germany
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ertl
Address	13 Cuba St. Locust Point Balto
Remarks	

11392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd May 1876
4. *Place of Birth (Street and Number)* 160 S. Dallas St
5. *Full Name of Mother* Caroline R. Chester
6. *Mother's Maiden Name* Caroline R. Dawson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* S. Chester
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Leo Walker

Address 94 South Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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11596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 22nd 1876
4. Place of Birth (Street and Number)	1857 N. Dallas st
5. Full Name of Mother	Jane E. Pritchard
6. Mother's Maiden Name	Jane E. Gant
7. Mother's Birthplace	Harpers Ferry Loudoun Co Va
8. Full Name of Father	James W. Pritchard
9. Father's Occupation	oyster shucker.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	John F. Conner
Address	286 E. Balt st. N.W. Cor Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT MAY 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22 — 1876
4. Place of Birth (Street and Number)	No 45 McCulloh st
5. Full Name of Mother	Helen Reynolds
6. Mother's Maiden Name	Helen Dunnington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Reynolds
9 Father's Occupation	Farmer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler M.D
Address	135 N Charles st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	22 May 1876
4. Place of Birth (Street and Number)	Chapel ld Gf.
5. Full Name of Mother	Barbara Režac
6. Mother's Maiden Name	Barbara Kubicek
7. Mother's Birthplace	Kolin in Bohemia
8. Full Name of Father	Josef Režac
9. Father's Occupation	tailor
10. Father's Birthplace	Kolin
Name of Medical Attendant, or other Person who makes this Return.	Mary Kopsick
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 22d. /76.
4. Place of Birth (Street and Number)	Allice Anna st. No. 322
5. Full Name of Mother	Maria Engel
6. Mother's Maiden Name	" Rephorn
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Engel.
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johann Schultze
Address	Midwife
Remarks	320 alice anna st.

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 23

4. Place of Birth (Street and Number) No 11 Burke St

5. Full Name of Mother Emily Larson

6. Mother's Maiden Name Prebe

7. Mother's Birthplace Germany

8. Full Name of Father John Larson

9. Father's Occupation Laborer

10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return. Wm E Gelzer

Address No 55 South Bond

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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11601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
25
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23rd
4. Place of Birth (Street and Number)	19 W Eutaw
5. Full Name of Mother	Leada Walton Webster
6. Mother's Maiden Name	Leada Walton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hon Wm Webster
9 Father's Occupation	Merchant
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	J Wm Walls M.D.
Address	No 18 E. Eutaw
Remarks	Head Presentation — 1st Position

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Mai 23d. 1876
4. Place of Birth (Street and Number)	87 McElrie Street
5. Full Name of Mother	Marie M. Bach
6. Mother's Maiden Name	Marie M. Metzger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johan Boler Bach
9. Father's Occupation	Schuhmaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23 - 1876
4. *Place of Birth (Street and Number)* No 90 Leadenhall Street
5. *Full Name of Mother* Julia Rinne
6. *Mother's Maiden Name* Julia Schneck
7. *Mother's Birthplace* Biedenkopf
8. *Full Name of Father* William F. Rinne
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Braunschweig

Name of Medical Attendant, or other Person who makes this Return. Mrs Fisher Midwife.

Address No 11. S. eutaw St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* May 23, 1876,
4. *Place of Birth (Street and Number)* 12 Jasper St
5. *Full Name of Mother* Elizabeth Clark,
6. *Mother's Maiden Name* Brickmaster,
7. *Mother's Birthplace* Delaware,
8. *Full Name of Father* Thomas H. Clark
9. *Father's Occupation* Seaman,
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 193 Saratoga St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 23th 1876
4. Place of Birth (Street and Number)	No. 70 Mulberry St
5. Full Name of Mother	Pauline Steinecke
6. Mother's Maiden Name	" " " Hindebrand
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Steinecke
9. Father's Occupation	Shoe Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No, 40 E Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23. 1876
4. *Place of Birth (Street and Number)* 213. S. Eutaw st
5. *Full Name of Mother* Magnetta Trimper
6. *Mother's Maiden Name* Magnetta Born
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel Trimper
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return, Midwife Mrs. Forsther

Address No. 11 S. Eutaw st

Remarks

18607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	23d May 1876
4. Place of Birth (Street and Number)	9 Caroline st.
5. Full Name of Mother	Paulina Thomsberg
6. Mother's Maiden Name	Heiser
7. Mother's Birthplace	Germany
8. Full Name of Father	Gerhard Thomsberg
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	23 May 1876
4. Place of Birth (Street and Number)	84 Bethel St
5. Full Name of Mother	Margaret Drake
6. Mother's Maiden Name	Tracy
7. Mother's Birthplace	A State of Delaware
8. Full Name of Father	John Drake
9. Father's Occupation	Laborer
10. Father's Birthplace	U States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	57 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

11609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	23d July 1876
4. Place of Birth (Street and Number)	10 Eastern Ave
5. Full Name of Mother	Eliza Leonhard
6. Mother's Maiden Name	Tracey
7. Mother's Birthplace	Balto
8. Full Name of Father	R Leonhard
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	32 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 23rd 1876
4. Place of Birth (Street and Number)	No 90 Leadenhall St.
5. Full Name of Mother	Christine Frank
6. Mother's Maiden Name	" " " Schwab
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Frank
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5?

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 23 1876
4. *Place of Birth (Street and Number)* 19 Lanvale alley
5. *Full Name of Mother* Elizabeth Robinson
6. *Mother's Maiden Name* Elizabeth Thomas
7. *Mother's Birthplace* Anna Arundal County M. D.
8. *Full Name of Father* Christopher Robinson
9. *Father's Occupation* Drayman
10. *Father's Birthplace* King William County Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Colored

Address 85 Orchard street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics, Baltimore City.

11612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	2 Male / Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23 1876
4. Place of Birth (Street and Number)	Baltimore Mary st No 18
5. Full Name of Mother	Sarah Rebecca Clark
6. Mother's Maiden Name	Sarah R. Clark
7. Mother's Birthplace	Washington
8. Full Name of Father	Charles Edward Clark
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Freburger
Address	766 West Pratt st
Remarks	Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd of May 1876
4. *Place of Birth (Street and Number)* 20 S. Caroline St
5. *Full Name of Mother* Clara Williams
6. *Mother's Maiden Name* Clara Cooper
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Williams
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Leo Walker

Address 94 S. Dallas St

Remarks

Extract from the Ordinances of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 10 o'clock PM May 23rd 1876

4. Place of Birth (Street and Number) 7 E Bennett Pl

5. Full Name of Mother Mary Adelia De Groff

6. Mother's Maiden Name Mary A Keys

7. Mother's Birthplace W Va Virginia

8. Full Name of Father John De Groff

9. Father's Occupation Blacksmith

10. Father's Birthplace Savage Maryland

Name of Medical Attendant, or other Person who makes this Return. J O'Reichard M D

Address 28 O'Donnell St

Remarks Head presentation Easy natural Labor 12 hours duration

Two hours attendance Mother & Child are doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 26 /76
4. Place of Birth (Street and Number)	157 n Stricker st
5. Full Name of Mother	Josephine Chappell
6. Mother's Maiden Name	Josephine Daily
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	Cornelius F Chappell
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Wm T Howard
Address	181 Madison Av
Remarks	filled ~~by~~ & returned by C. F. Chappell

11616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 23d
4. Place of Birth (Street and Number)	60 Burgen St.
5. Full Name of Mother	Annie Mary Young
6. Mother's Maiden Name	not married
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Killeen
Address	151 E Pratt St.
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24. 1876
4. Place of Birth (Street and Number)	440 Eutaw Place
5. Full Name of Mother	Julia V. Vail
6. Mother's Maiden Name	Metcalf
7. Mother's Birthplace	New York State
8. Full Name of Father	Horatio N. Vail
9. Father's Occupation	Merchant
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	W. H. Knight M.D.
Address	55 N Green St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from the Ordinances of the Mayor and City Council of Baltimore.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That for the purpose of obtaining correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend. [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24. 76.
4. Place of Birth (Street and Number)	390 W Pratt
5. Full Name of Mother	Sarah Eliz. Fairbanks
6. Mother's Maiden Name	Crane
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Francis Asbury Fairbanks
9. Father's Occupation	Mile Keeper B & O R R
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Thos M Eastman
Address	3 W Lexington St
Remarks	

11.619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1876
4. Place of Birth (Street and Number)	No- Bellair avenue Bet Front &
5. Full Name of Mother	Catharine Forster
6. Mother's Maiden Name	Catharine Spille
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Albert Forster
9. Father's Occupation	Beer Driver
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs M. A. Bull
Address	Mrs No 209 Monument 1st St Cor. Central avenue Balto.
Remarks	Well

Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1876
4. Place of Birth (Street and Number)	S. Ann Street
5. Full Name of Mother	Alamanta J. Smith
6. Mother's Maiden Name	" " Gardner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ebenezer Smith
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	James D. Steele, M.D.
Address	254 Eastern Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 May
4. Place of Birth (Street and Number)	95 Lond Street
5. Full Name of Mother	Lizzie Schiel
6. Mother's Maiden Name	Lizzie Baltza Rauhild
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Schiel
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25 th 1876
4. Place of Birth (Street and Number)	No 271 Eastern Ave
5. Full Name of Mother	Margaret Hilliard
6. Mother's Maiden Name	Margaret Lintz
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry C. Hilliard
9. Father's Occupation	Tanmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	193 South Exeter St.
Remarks	Healthy Child

11623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	24th May 1876
4. Place of Birth (Street and Number)	Baltimore Cor. Catherine & Hill Streets
5. Full Name of Mother	Germany
6. Mother's Maiden Name	Lap Hill
7. Mother's Birthplace	Laborer
8. Full Name of Father	Germany
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caspar
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~4~~ 1st Child

1. *Sex* (state whether Male ~~or Female~~) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* May the 24 1876.

4. *Place of Birth* (Street and Number) Bank St. No 10.

5. *Full Name of Mother* Maria Zick

6. *Mother's Maiden Name* Maria Leidheiser

7. *Mother's Birthplace* Lüsekon N. Preussen Germany

8. *Full Name of Father* Friedrich Zick

9. *Father's Occupation* Wheel Wright

10. *Father's Birthplace* Wellem. N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Registration Law of the State of Maryland, in force in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~1st~~ 5d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 24th 1876
4. Place of Birth (Street and Number)	97 Blum Alley
5. Full Name of Mother	Maria Schabdach
6. Mother's Maiden Name	" " Schube
7. Mother's Birthplace	Germany
8. Full Name of Father	Simon Schabdach
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street,
Remarks	

11626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 24th May.
4. *Place of Birth (Street and Number)* Cambridge pt. No 77.
5. *Full Name of Mother* Anna Mehling.
6. *Mother's Maiden Name* Pals.
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* George Mehling.
9. *Father's Occupation* Smith.
10. *Father's Birthplace* Hessia.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address Hon Patterson Park avnue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11629

HEALTH DEPARTMENT MAY 25 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 24th 1876

4. *Place of Birth* (Street and Number) 113 Harbor Str.

5. *Full Name of Mother* Anna N. Rees

6. *Mother's Maiden Name* Anna H Bueni

7. *Mother's Birthplace*

8. *Full Name of Father* Chas. Rees

9. *Father's Occupation* Musician

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Dr. L. C. Horn

Address 226 Mulberry Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE.

11625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 May
4. Place of Birth (Street and Number)	Church St No. 312
5. Full Name of Mother	Mathilda Steinman
6. Mother's Maiden Name	Mathilda Zimmerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. H Steinman
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Slatin
Address	West St No. 128
Remarks	

11629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 24th 3 45 A. M 1876
4. *Place of Birth (Street and Number)* 149 S. Chrystanke
5. *Full Name of Mother* Laura Virginia Heyhes
6. *Mother's Maiden Name* Laura Virginia Clarke
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Heyhes Jr.
9. *Father's Occupation* C. R. Conductor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donelle M.D.

Address 299 E. Baltimore St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11630

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 26 1876.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25th, 1876.
4. *Place of Birth (Street and Number)* No 63 Lombard St.
5. *Full Name of Mother* Sophia Bielstein.
6. *Mother's Maiden Name* Sophia Gerstmyer.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lewis Gerstmyer.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S Wolfe St

Remarks

11632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25 — 5 P. M. 1876
4. *Place of Birth (Street and Number)* 8 Lloyd St.
5. *Full Name of Mother* Mary Lynch
6. *Mother's Maiden Name* Mary Kelly
7. *Mother's Birthplace* Balt. Co. Md.
8. *Full Name of Father* Peter Lynch
9. *Father's Occupation* Sugar Boiler
10. *Father's Birthplace* Kellahow Co. Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M D

Address 299 E. Baltimore St.

Remarks

Duties in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 25th 1876
4. Place of Birth (Street and Number)	245 N Dallas St
5. Full Name of Mother	Emiline Barnett
6. Mother's Maiden Name	Emeline Jones
7. Mother's Birthplace	Maryland
8. Full Name of Father	Emals Barnett
9. Father's Occupation	Hod Carrier &c
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bathell M D
Address	1½ S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11631

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th. 1875
4. Place of Birth (Street and Number)	Hudson alley
5. Full Name of Mother	Mary A. K. Walstrum
6. Mother's Maiden Name	" " Colburn
7. Mother's Birthplace	Falls Road
8. Full Name of Father	Alonzo L. Walstrum
9. Father's Occupation	Car-driver
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	L. K. Merrick
Address	No. 131 W. Middle St.
Remarks	

Extracts from Regulations of the Board of Health, relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 25th 1876
4. *Place of Birth* (Street and Number)	No. 2 Freestman St
5. *Full Name of Mother*	Henrietta Benson
6. *Mother's Maiden Name*	Benson
7. *Mother's Birthplace*	Eastern Shore Md.
8. *Full Name of Father*	James Wilson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Warrington Va.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Susan E. Armstrong
Address	No. 2 Freestman St
Remarks	Head afflicted from a fall before birth.

Extract from Regulations of the Board of Health.

Duty to Report Births and Deaths, and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11636

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th 1876
4. Place of Birth (Street and Number)	No 9 Constitution St
5. Full Name of Mother	Mary Catharine Schleigh
6. Mother's Maiden Name	" Morgan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schleigh
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	129 E Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th 6 o'clock A.M.
4. Place of Birth (Street and Number)	No. 24 Jackson Sqr. Ave.
5. Full Name of Mother	Mary Ida Thompson
6. Mother's Maiden Name	" " Rusk
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thomas Edwin Thompson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address	No. 406 E. Baltimore st.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 25 — 1876
4. Place of Birth (Street and Number)	1017 Hamilton st —
5. Full Name of Mother	Emily R Mason
6. Mother's Maiden Name	" Bishop
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Cassius M Mason
9. Father's Occupation	Boot-Maker —
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Pearson — M D
Address	84 N. Calvert st —
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11639.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th
4. Place of Birth (Street and Number)	20 3.s. Fremont.
5. Full Name of Mother	Adelin E. Doyle
6. Mother's Maiden Name	Adelin E. Ruff
7. Mother's Birthplace	Mississippi
8. Full Name of Father	Jno L. Doyle
9. Father's Occupation	Paper carrier
10. Father's Birthplace	Balto,
Name of Medical Attendant, or other Person who makes this Return.	Fr Fleming
Address	148 Mul: St
Remarks	Child healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11610

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25 3 P M
4. Place of Birth (Street and Number)	84 W Belnap St
5. Full Name of Mother	Lydia Crosley
6. Mother's Maiden Name	Lydia Pritchett
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	William Crosley
9. Father's Occupation	Carpenter
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	A K Ransone M D
Address	60 N Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health of the City of Baltimore.

Duty to Report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Doctor Jane Baker 66 Exeter Alley
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 15. 1876
4. Place of Birth (Street and Number)	96 Dorsey Street
5. Full Name of Mother	Catharine Bowell
6. Mother's Maiden Name	Catharine Grooms
7. Mother's Birthplace	Baltimore M D.
8. Full Name of Father	John Wesley Bowell
9. Father's Occupation	Private Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Baker 66 Exeter alley
Address	66 Exeter Alley
Remarks	Still Born Lived 10 minutes after birth

~~Wm. Tomes Gray 65 Hadley st undertaker~~

11642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 25 th 1876
4. Place of Birth (Street and Number)	No 12 Camden Street
5. Full Name of Mother	Jenne Weinhard
6. Mother's Maiden Name	" " Klos
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Weinhard
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	~~Catharine~~ Catherina Münch
Address	74 Leadenhall Street
Remarks	

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be Returned.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 25th 1876

4. *Place of Birth (Street and Number)* No 17 Fite Lobby

5. *Full Name of Mother* Mary Frisch

6. *Mother's Maiden Name* Mary Short

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* John Frisch

9. *Father's Occupation* Hairdresser

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Nina Hillegist

Address 1st E of Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thrd The 25 1876

1. *Sex (state whether Male or Female)* Male Child 244
2. *Race or Color (if not of the white race)* race Color am Gorish
3. *Date of Birth* 16
4. *Place of Birth (Street and Number)* Hughes St Be Tween J Canpen
5. *Full Name of Mother* Mary Carr Can Sharp
6. *Mother's Maiden Name* J Bond East Shore Md "
7. *Mother's Birthplace*
8. *Full Name of Father* Samuel Connst
9. *Father's Occupation* Brick yard
10. *Father's Birthplace* East Shore Md.

Name of Medical Attendant, or other Person who makes this Return. Have known Mrs diffcilt

Address Managed Hughes

Remarks No J Williams alz Between Chaba & Hanover St

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Duties of Physicians, Midwives, and others, in relation to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Section 12 of the Ordinances of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11643

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 25 1876
4. *Place of Birth (Street and Number)* 23 Chestnut alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Gasaway
7. *Mother's Birthplace* Fredrick County
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 85 Orchard Street

Remarks

11644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mite
3. *Date of Birth* 25 of May
4. *Place of Birth (Street and Number)* No 64 Washington st
5. *Full Name of Mother* Charlotta E Curry
6. *Mother's Maiden Name* Charlotta E Garrison
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Edwin Garrison
9. *Father's Occupation* Calker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avnue

Remarks

7

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health relative to Returns of Births and Deaths.

Duty of Physicians to Report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25 th of May 1876
4. Place of Birth (Street and Number)	Leichill, No: 67
5. Full Name of Mother	Anna Thomsen
6. Mother's Maiden Name	" Grey
7. Mother's Birthplace	Carrollton Md: D
8. Full Name of Father	Charlie Thomsen
9. Father's Occupation	Huckster
10. Father's Birthplace	Washington
Name of Medical Attendant, or other Person who makes this Return.	Mrs Foote
Address	
Remarks	

RETURN OF A BIRTH.

11645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht.
3. Date of Birth	25 of May
4. Place of Birth (Street and Number)	William St N 238
5. Full Name of Mother	Kate Boyt.
6. Mother's Maiden Name	Kate Borer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Arnbrose Boyt
9. Father's Occupation	Labor Works
10. Father's Birthplace	in Steinbach
Name of Medical Attendant, or other Person who makes this Return.	Mrs Harbin
Address	West St N 128
Remarks	

Extract from Ordinances of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 26
4. Place of Birth (Street and Number)	East Lombard 177,
5. Full Name of Mother	Sofhia Brandt
6. Mother's Maiden Name	Rheameyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W L Brandt
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cäcilie Bernstein
Address	E. Lombard [illegible]
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Relative to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1876
4. Place of Birth (Street and Number)	# 324 Aliceanna St. F.P.
5. Full Name of Mother	Rosa Fulling Rann
6. Mother's Maiden Name	Rosa Fulfing
7. Mother's Birthplace	Germany
8. Full Name of Father	Albert. Rann
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	W 178 P Chapel Lot F.P.
Remarks	

Extract from Regulations of the Board of Health in relation to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4: Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Collerd
3. *Date of Birth* 26 of May
4. *Place of Birth (Street and Number)* 136 hill Stret
5. *Full Name of Mother* francis warden
6. *Mother's Maiden Name* francis lee
7. *Mother's Birthplace* rocky mountain
8. *Full Name of Father* Mejchel warden
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milly E Gross

Address No 1 Spahteo Parner

Remarks No outte attend

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7)
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White. (Not Black.)
3. Date of Birth	26th inst.
4. Place of Birth (Street and Number)	No 2 S. Frederick St.
5. Full Name of Mother	Bertha Diermann (now Dietrich.)
6. Mother's Maiden Name	(")
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Dietrich
9. Father's Occupation	Restaurant Keeper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dominiker,
Address	No 2 S. Frederick St,
Remarks	Att. Well, J. Dietrich.

Extract from Regulations of the Board of Health in relation to Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

~~No. of Child~~ of Mother (state whether 1st, 2d, 3d, &c.) ~~male~~ 4 child

1. Sex (state whether Male or Female) male child

2. Race or Color (if not of the white race) colored

3. Date of Birth 26 of May 1876

4. Place of Birth (Street and Number) Wilmor alley No 14

5. Full Name of Mother Harriett Liggit Thomas

6. Mother's Maiden Name Harriett Liggit Johnson

7. Mother's Birthplace Howard County Md.

8. Full Name of Father George Washington Thomas

9. Father's Occupation Porter

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Henry Shutter

Address No 321 St Mary St Baltimore

Remarks Twins

died at 6 days of age

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 26th 1876
4. Place of Birth (Street and Number)	58 E Lombard Steet
5. Full Name of Mother	Mari Rosenheim
6. Mother's Maiden Name	" " Fried
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Rosenheim
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	40 E Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1876
4. Place of Birth (Street and Number)	Cor Franklin & Schroder Sts
5. Full Name of Mother	Caroline Wode
6. Mother's Maiden Name	Caroline Clagett
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Wode
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. R. Wales M.D.
Address	234 W. Fayette St
Remarks	

RETURN OF A BIRTH.

11656

HEALTH DEPARTMENT 31 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 26th 1876
4. *Place of Birth (Street and Number)* 69 East Baltimore St.
5. *Full Name of Mother* Sophia Daeger
6. *Mother's Maiden Name* Sophia Bast
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ernst Adolph Daeger
9. *Father's Occupation* Life insurance agent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Salzer

Address 165 W. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1st

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Pchild
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	26 Day of May
4. Place of Birth (Street and Number)	No 6 Dover St
5. Full Name of Mother	Amealia Flemings
6. Mother's Maiden Name	Yockel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Flemings
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Arnd Lindner
Address	No 45 Monroe St
Remarks	

Extract Regulations of the Board of Health relative to securing a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1876
4. Place of Birth (Street and Number)	No 324 Aisquith
5. Full Name of Mother	Rosa Rothard
6. Mother's Maiden Name	Rosa Beagle
7. Mother's Birthplace	Saxe Weimer Germany
8. Full Name of Father	Frederick Rothardt
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	No 16 E. Balto
Address	No 209. Monument St. Cor. Central Avenue
Remarks	All well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics

RETURN OF A BIRTH.

11639

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 4 11

1. *Sex* (state whether Male or Female) Male child

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 26 of May 76

4. *Place of Birth* (Street and Number) No 990 West Pratt St.

5. *Full Name of Mother* Mary Paul

6. *Mother's Maiden Name* Mary Ruich

7. *Mother's Birthplace* Saksen Germany

8. *Full Name of Father* George Paul

9. *Father's Occupation* Baar Keeper

10. *Father's Birthplace* born in the City of Baltimo

Name of Medical Attendant, or other Person who makes this Return. Lizzie Biller

Address No 57 Smallwood St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	26 May
4. Place of Birth (Street and Number)	47 S. Wolf St.
5. Full Name of Mother	Mary Fischer
6. Mother's Maiden Name	Enge
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Fischer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Müller
Address.	151 E Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 26th 1876
4. *Place of Birth (Street and Number)* 383 Eastern ave
5. *Full Name of Mother* Maggereth Frederick
6. *Mother's Maiden Name* " Weis
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lenhard Frederick
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Banks str

Remarks Miscarried
Lived only 5 hours.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Mai 26 1876
4. .Place of Birth (Street and Number)	255 N. Eden Street
5. Full Name of Mother	Margret Miller
6. Mother's Maiden Name	Margret Ruhl
7. Mother's Birthplace	Germane
8. Full Name of Father	Christoph Miller
9. Father's Occupation	Raberter
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Ruechiger
Address	134 N. Bond Street
Remarks	

Extract Regulations of the Board of Health relative to a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) 4th.

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white ~~race~~)*
3. *Date of Birth* May 26th 7 1/2 P.M.
4. *Place of Birth (Street and Number)* 303 Linden Avenue
5. *Full Name of Mother* Catherine V. Thompson
6. *Mother's Maiden Name* " " Miller
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Samuel Thompson
9. *Father's Occupation* Merchant 65 Exchange Place
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. A. Sherlock M.D. U.S. Dept St

Address 11

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 St Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	fifth is t
4. Place of Birth (Street and Number)	206 hamburg St
5. Full Name of Mother	elizebeth norford
6. Mother's Maiden Name	maiden ~~name~~ name unc
7. Mother's Birthplace	richmond va
8. Full Name of Father	richard henry norford
9. Father's Occupation	barber
10. Father's Birthplace	richmond va
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address	4 Palaskes ave
Remarks	

11665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 26 e 1876
4. Place of Birth (Street and Number)	207 Lee Street
5. Full Name of Mother	Elise Faber
6. Mother's Maiden Name	" " Kern.
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Faber
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Sust
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11666

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex* (state whether Male or Female) ~~Female~~ Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 26
4. *Place of Birth* (Street and Number) No 338 Aliceana st
5. *Full Name of Mother* Mary ~~Kelley~~ Kelley
6. *Mother's Maiden Name* Mary Kelley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Kelley
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E. Ball

Address No 171 Chester st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1876
4. *Place of Birth (Street and Number)* 197 Burgundy Alley
5. *Full Name of Mother* Helena Thiele
6. *Mother's Maiden Name* Klushman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Thiele
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D H Kenney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Infant Ann

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 26 1876
4. *Place of Birth (Street and Number)* 36 Chestnut St
5. *Full Name of Mother* Johnnie Elizabeth Blake
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gerry Miller
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

** *Name of Medical Attendant, or other Person who makes this Return.* Charlotte Wilson

Address Jew Alley no 6

Remarks

The Mother and Child is perfectly well and is satisfied with her Mid wife Attending

rect Record of Vital Statistics in the City of Baltimore.

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11669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No three

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Borne Saturday May 27th 1876
4. *Place of Birth (Street and Number)* No 99 South Pappleton St Baltimore City
5. *Full Name of Mother* Sarah Jane Ridnour
6. *Mother's Maiden Name* Sarah Jane Bouard
7. *Mother's Birthplace* Borne Hagerstown Washington Co Md
8. *Full Name of Father* Zachariah Taylor Ridnour
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Borne Leitersburg Washington Co Md

Name of Medical Attendant, or other Person who makes this Return. Magdalena Sommerfeld.

Address Pearl st. 28.

Remarks yes.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 27th May 1876

4. *Place of Birth (Street and Number)* S. Durham St.

5. *Full Name of Mother* Mary Wittle Kaufman

6. *Mother's Maiden Name* Mary Wilkam

7. *Mother's Birthplace* Bavaria

8. *Full Name of Father* Georg Kaufman

9. *Father's Occupation* Driver

10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. H. Lederer

Address 23 S. Durham St.

Remarks

...ract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 27th 1876
4. Place of Birth (Street and Number)	N. 328 Hanover
5. Full Name of Mother	Bathern Müller
6. Mother's Maiden Name	Schew.
7. Mother's Birthplace	Germany
8. Full Name of Father	Adolph Müller
9. Father's Occupation	Basket maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	P. Lohoerber midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 27 th 1876
4. Place of Birth (Street and Number)	No 330 Hanover st
5. Full Name of Mother	Louise Starck
6. Mother's Maiden Name	Pitt
7. Mother's Birthplace	Germany.
8. Full Name of Father	Adam Starck
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lahrsaber midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 27. 1876.
4. Place of Birth (Street and Number)	19 E. Monument St.
5. Full Name of Mother	Elizabeth Jane Gifford.
6. Mother's Maiden Name	Elizabeth Jane Stevens.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Thomas Gifford.
9. Father's Occupation	Printer.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hanck M.D.
Address	756 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11.6.711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
5
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 27th of May

4. Place of Birth (Street and Number) 2 Constitution st.

5. Full Name of Mother Mary Garner

6. Mother's Maiden Name Savage

7. Mother's Birthplace Baltimore Co.

8. Full Name of Father William Garner

9. Father's Occupation Stable Boss.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Coates

Address 319 Eastwood st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether ~~Male or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 29th 1876.
4. *Place of Birth* (Street and Number) Duncan St. No. 50.
5. *Full Name of Mother* Louise Peterson
6. *Mother's Maiden Name* Louise Schwinger
7. *Mother's Birthplace* Krautzberg Pr. Sachsen Germany
8. *Full Name of Father* Henry Peterson
9. *Father's Occupation* none
10. *Father's Birthplace* Hanover Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address 71 Pallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d- Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27th 1876
4. *Place of Birth (Street and Number)* E. Lombard St. No 96.
5. *Full Name of Mother* Anna Burns
6. *Mother's Maiden Name* Anna Semse
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Burns
9. *Father's Occupation* Sugar Refiner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harr. E. Miller

Address N. Dallas St. No 26.

Remarks

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11677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 27th 1876
4. *Place of Birth* (Street and Number) Hampstead St. No. 66.
5. *Full Name of Mother* Julie Pinkerton
6. *Mother's Maiden Name* Julie Schneider
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Pinkerton
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11678

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 27th May. 1876.
4. *Place of Birth (Street and Number)* 250 Battery Ave.
5. *Full Name of Mother* Barbara Joyce
6. *Mother's Maiden Name* Barbara Connicum
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Joyce.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No. 29. Elizabeth Lane.

Remarks

11679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	~~American~~ male
2. Race or Color (if not of the white race)	american race
3. Date of Birth	High St # 55
4. Place of Birth (Street and Number)	May 27th 1876
5. Full Name of Mother	Margarith M. Luber
6. Mother's Maiden Name	" Mauer
7. Mother's Birthplace	Baltimor Md
8. Full Name of Father	John Lubin
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimor Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Uhlig
Address	48 Holland St Balto City
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11680

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether ~~Male~~ or Female) White
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 27th 1876
4. *Place of Birth* (Street and Number) 14 Warner St
5. *Full Name of Mother* Emma A Thompson
6. *Mother's Maiden Name* Weber
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jas W. Thompson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr H Gurney

Address 76 Pacca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Baltimore ch'd

1. *Sex* (state whether Male or Female) Boy baby.
2. *Race or Color* (if not of the white race) Ballard
3. *Date of Birth* Born May 24 1876
4. *Place of Birth* (Street and Number) eto 9 Stockton alley.
5. *Full Name of Mother* Elisabeth Parker.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* dont Know
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address Caroline James Mid Wife 22 Stockton ally

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 28 ~~XXX~~ ~~XXst~~ 1876 Baltimore Md
4. Place of Birth (Street and Number)	179 West St Baltimore Md
5. Full Name of Mother	Sarah Handy
6. Mother's Maiden Name	Sarah Kellum
7. Mother's Birthplace	Accomac Co V.A.
8. Full Name of Father	John Handy
9. Father's Occupation	Hod Carrier
10. Father's Birthplace	Accomac Co V.A.
Name of Medical Attendant, or other Person who makes this Return.	Emily Hewes
Address	Cross St near Howard St
Remarks	still Born 7 month Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract: Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Girl
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Sunday, 28th. of May 4½ P.M.
4. *Place of Birth* (Street and Number)	S. Ann St. 292.
5. *Full Name of Mother*	Katy Kiehne
6. *Mother's Maiden Name*	Katy Nelson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Kiehne
9. *Father's Occupation*	Seaman.
10. *Father's Birthplace*	Hannover.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Bundel.
Address	No 208 South Bond St.
Remarks	

RETURN OF A BIRTH.

11681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. *Sex* (state whether Male or Female)	Mail
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sunday 28 May
4. *Place of Birth* (Street and Number)	forty street number 25
5. *Full Name of Mother*	Ella Elizebeath Merrick
6. *Mother's Maiden Name*	Ella Elizebeath Hatton
7. *Mother's Birthplace*	prence george County
8. *Full Name of Father*	Salomon Merrick
9. *Father's Occupation*	Water man
10. *Father's Birthplace*	Rahad island
Name of Medical Attendant, or other Person who makes this Return.	Miss Conway
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d Inst.
4. Place of Birth (Street and Number)	Balto Sumwall bet Mair & Redwood
5. Full Name of Mother	Mary Redwood Rogers
6. Mother's Maiden Name	" " " Perkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Clark Rogers
9. Father's Occupation	Waterman
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Miss Conway
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11.606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mai 28 d 1876
4. Place of Birth (Street and Number)	214 Monument Street
5. Full Name of Mother	Rosa Bien
6. Mother's Maiden Name	Rosa Miller
7. Mother's Birthplace	Baltimor M. d.
8. Full Name of Father	Adam Bien
9. Father's Occupation	Parkeper
10. Father's Birthplace	Baltimor M. d.
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

11687

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
8
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex* (state whether Male or Female) Male Child
2. *Race or Color* (if not of the white race) Color
3. *Date of Birth* Bond ~~near Mosterbly~~ 28
4. *Place of Birth* (Street and Number) Williams alley no 14
5. *Full Name of Mother* Lisey toms
6. *Mother's Maiden Name* Lisey Jonson
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Jorge toms
9. *Father's Occupation* porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Perry Dalton

Address 8th st Mary st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 5 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 28 of May 1876
4. *Place of Birth* (Street and Number) Baltimore No 4 garden st
5. *Full Name of Mother* Mary Berry
6. *Mother's Maiden Name* James
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Berry
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 28th 1876
4. Place of Birth (Street and Number)	37 Belair Road
5. Full Name of Mother	Susanna Euerman
6. Mother's Maiden Name	" " " Krammer
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Euerman
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No E Fayette St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th
4. Place of Birth (Street and Number)	Baltimore York Street No. 40
5. Full Name of Mother	Maggie Bassett
6. Mother's Maiden Name	" Sweney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Sweney
9. Father's Occupation	Chicken Houckster
10. Father's Birthplace	[redacted] Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 236 Montgomery Street
Remarks	

RETURN OF A BIRTH.

116-92

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	28 May 1876
4. Place of Birth (Street and Number)	No 37 Albion St.
5. Full Name of Mother	Katy Hammerbacher
6. Mother's Maiden Name	Bartig
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John Hammerbacher.
9. Father's Occupation	Cooper
10. Father's Birthplace	Detmoot, Brunswick
Name of Medical Attendant, or other Person who makes this Return.	Anne Sinsing
Address	No 9 S Howard St
Remarks	

1169.2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sunday May 28th 1876
4. Place of Birth (Street and Number)	205 Hamburg Street
5. Full Name of Mother	Mary E. Levy
6. Mother's Maiden Name	Mary E. Levy
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Bural Benton
9. Father's Occupation	Masons Grain
10. Father's Birthplace	Baltimore Md.
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Nancy Levy
Address	No 1. Clarke Alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11694.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White,

3. Date of Birth 29th May 1876.

4. Place of Birth (Street and Number) 56 Collington Av.

5. Full Name of Mother Alice Ann Griffin,

6. Mother's Maiden Name Alice Ann Reigrod,

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Edwin Jerome Griffin,

9. Father's Occupation Attorney,

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Lashill

Address 207 S. Broadway.

Remarks

RETURN OF A BIRTH.

11695

(ara)

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

Name of Child: Joseph T. Bartlett

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth May 28 "76

4. Place of Birth (Street and Number) 47 Hanover Ave.

5. Full Name of Mother Lottie T. Bartlett

6. Mother's Maiden Name Lottie T. Price

7. Mother's Birthplace Baltimore City

8. Full Name of Father Joseph T. Bartlett

9. Father's Occupation Physician

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Boyd M.D

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28th 1876
4. *Place of Birth (Street and Number)* 417 N Central Ave
5. *Full Name of Mother* Elizabeth J Armiger
6. *Mother's Maiden Name* " " McGreevy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Edward Armiger
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula L Christner

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 28th 1876

4. *Place of Birth (Street and Number)* No 27 Hillen St

5. *Full Name of Mother* Catharine Connin

6. *Mother's Maiden Name* " Driskell

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Dennis Connin

9. *Father's Occupation* Meat Cleaner

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A Christner

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28
4. *Place of Birth (Street and Number)* 27 Central Ave
5. *Full Name of Mother* Mana Waber
6. *Mother's Maiden Name* Waber
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Cliffer
9. *Father's Occupation* none
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sophie Lisman

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11699

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 28th 1876.
4. *Place of Birth* (Street and Number) Jefferson St. No 269.
5. *Full Name of Mother* Anna Ball.
6. *Mother's Maiden Name* Anna Finkenreider
7. *Mother's Birthplace* Neupfarg Th. Bayern Germany
8. *Full Name of Father* ~~James~~ Charles Ball.
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks Premature Birth - 8 mos Footed Child died of Asthenia at 2 days old

1170.0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 18th 1876

4. *Place of Birth (Street and Number)* No 215 Central Ave

5. *Full Name of Mother* Anna Lehling

6. *Mother's Maiden Name* Anna Koch

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Albert Lehling

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo H Hillegeist

Address No 100 E Fairmount St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1 / th

1. *Sex* (state whether Male or Female) Male healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 28th of May 1876
4. *Place of Birth* (Street and Number) No 403 West Pratt St.
5. *Full Name of Mother* Bertha Possien
6. *Mother's Maiden Name* Bertha Busich
7. *Mother's Birthplace* born in Saechsen Germanns
8. *Full Name of Father* Charles Possien
9. *Father's Occupation* Cooper
10. *Father's Birthplace* born in Saechsen Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Sissin Hillar

Address No 57 Smallwood St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11702

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* May 28 th 1876
4. *Place of Birth (Street and Number)* Little Mc Elderry Lt # 51
5. *Full Name of Mother* Maria Leydenberger
6. *Mother's Maiden Name* " Hehs
7. *Mother's Birthplace* Baden Europe
8. *Full Name of Father* Lewis Leydenberger
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baden Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Uhly

Address 45 Holland St Baltimore Md

Remarks

RETURN OF A BIRTH.

1170.3

To the Office of Registrar of Vital Statistics, Board of Health,-

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28. 1876
4. *Place of Birth (Street and Number)* Gilmore Street, & Liberty Road
5. *Full Name of Mother* Mrs Ino T. Ford
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* —
8. *Full Name of Father* John T. Ford
9. *Father's Occupation* Theatre Manager
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. H. L. Hatton

Address 181 Lexington St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	28th May 1876
4. Place of Birth (Street and Number)	33 Hamburg St
5. Full Name of Mother	Barbara Granger
6. Mother's Maiden Name	—
7. Mother's Birthplace	Balto City
8. Full Name of Father	William H. Granger
9. Father's Occupation	none
10. Father's Birthplace	E. S. Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. A. Murray
Address	3526 Hamburg St
Remarks	

This child died June 14 1876 Chol Infan

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

11705

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (~~*state whether Male or Female*~~) Male
2. *Race or Color* (~~*if not of the*~~ *white race*) White
3. *Date of Birth* May 29th 1876.
4. *Place of Birth* (*Street and Number*) 2 W. Mt. Harrison Pl.
5. *Full Name of Mother* Sophia C. Neilson,
6. *Mother's Maiden Name* Sophia C. Neilson,
7. *Mother's Birthplace* Richmond, Va.
8. *Full Name of Father* Thos. F. Wallace,
9. *Father's Occupation* Car Builder.
10. *Father's Birthplace* Frederick Co., Md

Name of Medical Attendant, or other Person who makes this Return. Jno. J. R. Hayes, M.D.

Address " " "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 29th 1876
4. Place of Birth (Street and Number) 368 William Street
5. Full Name of Mother Sarah Ryder
6. Mother's Maiden Name Sarah Larsen
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Hans Hertz
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns
Address 114 Baldwin
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 29 ed 1876
4. Place of Birth (Street and Number)	No 8 Park st.
5. Full Name of Mother	Cathern Paar.
6. Mother's Maiden Name	Ferber
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Paar.
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrwasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4705

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Col'd

3. *Date of Birth* May 29th 1876

4. *Place of Birth* (Street and Number) 114 Pleasant St.

5. *Full Name of Mother* Eliza Bilger

6. *Mother's Maiden Name* Eliza Christ

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* George Baker

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Rogers

Address No 114 N. Pleasant St

Remarks

RETURN OF A BIRTH.

1709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 21 May

4. Place of Birth (Street and Number) 156 Lexington

5. Full Name of Mother Annie R. Donnelly

6. Mother's Maiden Name Annie R. Sable

7. Mother's Birthplace Baltimore

8. Full Name of Father James F. Donnelly

9. Father's Occupation Stable Manager for B & B. R. Co.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address 124 Fairfield st Canton

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11,700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 23 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 29 1876
4. *Place of Birth (Street and Number)* 12 molt street
5. *Full Name of Mother* Rebecca Anderson.
6. *Mother's Maiden Name* Rebecca Anderson
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John Anderson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 85 orchard street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11711

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Sex* (state whether Male ~~or Female~~) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* May 29 1876

4. *Place of Birth* (Street and Number) No 44 Poplar st Balt

5. *Full Name of Mother* Ellen Fuller

6. *Mother's Maiden Name* " Stewart.

7. *Mother's Birthplace* Balt. Md

8. *Full Name of Father* George Fuller

9. *Father's Occupation* Upholsterer

10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Latham M. D

Address 28 Franklin. Balt

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fourth
1. Sex (state whether Male or Female)	A girl
2. Race or Color (if not of the white race)	
3. Date of Birth	The 29 day of May.
4. Place of Birth (Street and Number)	No 33 Lemon St.
5. Full Name of Mother	Clara Weaver
6. Mother's Maiden Name	Clara Walter
7. Mother's Birthplace	In Germany
8. Full Name of Father	John Weaver
9. Father's Occupation	Carpenter
10. Father's Birthplace	In Catonsville
Name of Medical Attendant, or other Person who makes this Return.	Ama Lindner
Address	No 45 Monroe st
Remarks	

RETURN OF A BIRTH.

11713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29 1876
4. Place of Birth (Street and Number)	343 Lexington St
5. Full Name of Mother	M. Rosa Dolphin
6. Mother's Maiden Name	M. Rosa White
7. Mother's Birthplace	Baltimore
8. Full Name of Father	A. S. Dolphin. Col'd
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. S. Dolphin. Col'd
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	with.
3. Date of Birth	29 May
4. Place of Birth (Street and Number)	Lancaster Street near Ann
5. Full Name of Mother	Rosalancia Lisiecka
6. Mother's Maiden Name	Derek
7. Mother's Birthplace	Oberschlesien Prussien
8. Full Name of Father	Michael Derek
9. Father's Occupation	Leber
10. Father's Birthplace	Schlesie Prussien
Name of Medical Attendant, or other Person who makes this Return.	Reception Twigg
Address	126 Planner Street
Remarks	very well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 29th 1876
4. Place of Birth (Street and Number)	89 Ridgely Street
5. Full Name of Mother	Maria Vall
6. Mother's Maiden Name	Maria Becker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Vall
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrika Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 5 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 29th 1876
4. Place of Birth (Street and Number)	No 4 Bevan Street
5. Full Name of Mother	Cathrina Frank
6. Mother's Maiden Name	" " " Weller
7. Mother's Birthplace	Germany
8. Full Name of Father	George Frank
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street,
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 29 1876
4. Place of Birth (Street and Number)	33 Whiting St
5. Full Name of Mother	Maggie Kraft
6. Mother's Maiden Name	"M" Reinecke
7. Mother's Birthplace	Germany
8. Full Name of Father	John Kraft
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Mazenzehl
Address	214 Preston St
Remarks	

Extract from Regulations of the Board of Health and Correct Record of Vital Statistics in the City of Baltimore.

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11718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 29th 1876

4. *Place of Birth (Street and Number)* 40 49 Valley St

5. *Full Name of Mother* Bridget Eagan

6. *Mother's Maiden Name* Conway

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* John Eagan

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S. Chrimes

Address 129 E Monument

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29th of May
4. *Place of Birth (Street and Number)* Federal St. No number
5. *Full Name of Mother* Sarah Jane Garrette
6. *Mother's Maiden Name* " " Parker.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Jacobus Garrett.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 319 Caldwell St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1876
4. Place of Birth (Street and Number)	Baltimore st Peter st 118
5. Full Name of Mother	Sara Gaither
6. Mother's Maiden Name	Bracheres
7. Mother's Birthplace	Prince George Co. Md
8. Full Name of Father	William Gaither
9. Father's Occupation	Brakesman
10. Father's Birthplace	Anarundel
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 58 Durham St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11721

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	29 May 1876
4. Place of Birth (Street and Number)	194 Madison St.
5. Full Name of Mother	Eliza Brandt
6. Mother's Maiden Name	Schutt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Brandt
9 Father's Occupation	Police Officer
10. Father's Birthplace	Frederick City Md
Name of Medical Attendant, or other Person who makes this Return.	Lieutenant Miller
Address	151 E Pratt St.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 29. 1876.
4. *Place of Birth (Street and Number)* 35 Jackson Square Avenue
5. *Full Name of Mother* Lottie E. Leonard
6. *Mother's Maiden Name* " " Pentz
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Millard F. Leonard
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address 35 Jackson Sq. Avenue Baltimore

Remarks ———

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	5th
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	30th May 1876
4. Place of Birth (*Street and Number*)	Leonard 263
5. Full Name of Mother	Anna Soukup
6. Mother's Maiden Name	Anna Richter
7. Mother's Birthplace	Tirna in Boh.
8. Full Name of Father	Wenzl Soukup
9. Father's Occupation	laborer
10. Father's Birthplace	Tirna in Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koplowitz.
Address	169 N. Washington st
Remarks	

Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May. 30th/76.
4. Place of Birth (Street and Number)	Duncan st No. 121
5. Full Name of Mother	Sophia Weiblein
6. Mother's Maiden Name	" Martin
7. Mother's Birthplace	Hessen Germ.
8. Full Name of Father	Henry Weiblein.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johannes Schultz
Address	Rhodes Pl
Remarks	320 Alice Anna st.

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rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11.7.25

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* May 30th 1876
4. *Place of Birth* (Street and Number) 61 N. Durham St.
5. *Full Name of Mother* Johanna Sutton.
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* ———
9. *Father's Occupation* ———
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. City Longhman

Address 61 N. Durham St.

Remarks No father to be found.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* may 30 1876
4. *Place of Birth (Street and Number)* 16 Biddle Alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Grace Foose
7. *Mother's Birthplace* West Virginia
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 85 Orchard street

Remarks

11727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 30 th 1876
4. *Place of Birth (Street and Number)* Henrietta Street 106
5. *Full Name of Mother*
6. *Mother's Maiden Name* Margret Brown
7. *Mother's Birthplace* Caroline County Maryland
8. *Full Name of Father* ~~Edward~~ Edward Blown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah themes 71 Burgundy alley

Remarks did not cry was very feeble when born

desease not known

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 30th 1876
4. Place of Birth (Street and Number)	No 42 O. Donnell st
5. Full Name of Mother	Franziska F Steeblein
6. Mother's Maiden Name	" Krug. City
7. Mother's Birthplace	
8. Full Name of Father	Joseph Steeblein
9. Father's Occupation	Barber
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Negro (mulatto)

3. *Date of Birth* May 30th 1876

4. *Place of Birth (Street and Number)* 237 S. Eutaw St

5. *Full Name of Mother* Emma Gross

6. *Mother's Maiden Name* Emma Parker

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Lewis Gross

9. *Father's Occupation* Labourer

10. *Father's Birthplace* Talbot Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. Mark E. Bachtell

Address 175 St Paul St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30
4. *Place of Birth (Street and Number)* 67 Watson Street
5. *Full Name of Mother* Louisa Baeck
6. *Mother's Maiden Name* Luisa Elber
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Baeck
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11731

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30 1876
4. Place of Birth (Street and Number)	10 th Johnson st
5. Full Name of Mother	Annie Maria Kirby
6. Mother's Maiden Name	" " Dashiells
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Kirby
9. Father's Occupation	Ship carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Kirby
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
5
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	30 of May
4. Place of Birth (Street and Number)	Eutmars Alley N. 43.
5. Full Name of Mother	gossephine Boadslaber
6. Mother's Maiden Name	gossephine Staigert.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	gossepff Boadslaber
9. Father's Occupation	Labor.
10. Father's Birthplace	Valtnazar in germeny
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	#153 E. Chapel Alley F.P.
4. Place of Birth (Street and Number)	May 30th 1876
5. Full Name of Mother	Sidney Walden Pfaesinger
6. Mother's Maiden Name	Sidney Walden
7. Mother's Birthplace	America
8. Full Name of Father	Fredk Pfaesinger
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Linnes
Address	No 153 E. Chapel St
Remarks	F.P.

11734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30th 1876
4. Place of Birth (Street and Number)	Eastern Ave No 1 Portugal Court F. P.
5. Full Name of Mother	Magdalena Long Brenner
6. Mother's Maiden Name	Magdalena Long
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Brenner
9. Father's Occupation	Porter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Timmins
Address	#178 S. Chapel St F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	may 30 1876
4. Place of Birth (Street and Number)	2 E Pratt St.
5. Full Name of Mother	Sophia Lena Milbourne
6. Mother's Maiden Name	L. L. Dengel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Thomas Milbourne
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Park St.
Remarks	

11736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30th 1876.
4. *Place of Birth (Street and Number)* Canton Avenue No 459.
5. *Full Name of Mother* Mary Johnson.
6. *Mother's Maiden Name* Mary Oakley.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Richard Johnson.
9. *Father's Occupation* Waterman.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) F.

2. Race or Color (if not of the white race)

3. Date of Birth May 31st 1876

4. Place of Birth (Street and Number) 175 E Fayette St

5. Full Name of Mother Mary Steiner

6. Mother's Maiden Name Mary Geiger

7. Mother's Birthplace Balto Md

8. Full Name of Father Henry Steiner

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. Mortimer D

Address 170 E. Fayette St Balto

Remarks

11735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 31st 1876

HEALTH DEPARTMENT MAY 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 30th 1876.
4. *Place of Birth (Street and Number)* 134 Chapple St.
5. *Full Name of Mother* Maggie Schaefer.
6. *Mother's Maiden Name* Maggie Benck
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mieke Schaefer.
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address Ver 137 S Wolfe St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1876
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30th
4. Place of Birth (Street and Number)	365 Eutaw Place
5. Full Name of Mother	Marie Louie Cloud
6. Mother's Maiden Name	Woodward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Danl Cloud
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler M D
Address	135 St Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	May 30th 1876.
4. Place of Birth (Street and Number)	278 Lexington St.
5. Full Name of Mother	Emma L. Lebo.
6. Mother's Maiden Name	Emma L. Tilyard.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	Jacob H. Lebo.
9. Father's Occupation	Grocer
10. Father's Birthplace	York, Pa.
Name of Medical Attendant, or other Person who makes this Return.	John L. K. Kruger, M.D.
Address	City.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Mai 31 1876
4. Place of Birth (Street and Number)	242 E. Monemenel Strit
5. Full Name of Mother	Amielie Johns
6. Mother's Maiden Name	Emielie Bekmeier
7. Mother's Birthplace	Ballimore M. d.
8. Full Name of Father	Wilhelm H. Johns
9. Father's Occupation	Waierwirker
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Marie R. Rueckiger
Address	134 N. Bond Strit
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	100 Valle Stret
4. Place of Birth (Street and Number)	Mai 31 1876
5. Full Name of Mother	Franzistia Akerman
6. Mother's Maiden Name	Fr. Kellner
7. Mother's Birthplace	Germane
8. Full Name of Father	Bernhart Akerman
9. Father's Occupation	Tailor
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Ruediger
Address	134 n. Bond Stret
Remarks	

RETURN OF A BIRTH.

11713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~) 10th

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~)

2. Race or Color (~~*if not of the*~~ *white race*)

3. Date of Birth May 31 1876

4. Place of Birth (*Street and Number*) 86 Albemarle St.

5. Full Name of Mother Emily McDaniels

6. Mother's Maiden Name " Dorman

7. Mother's Birthplace Baltimore

8. Full Name of Father Thos McDonnell

9. Father's Occupation Horse Jockey

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos J. Sherlock M.D.

Address 118 Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11744

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 31st 1876
4. *Place of Birth (Street and Number)* No 231 Hollins st
5. *Full Name of Mother* Elizabeth Hudley
6. *Mother's Maiden Name* Elizabeth Coulter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christopher Hudley
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mena Gillespie

Address No 181 Monument st

Remarks

11745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	31 May
4. *Place of Birth* (Street and Number)	Spring ville st no 56
5. *Full Name of Mother*	Emily Jane McDonnell
6. *Mother's Maiden Name*	Emily Jane Dolman
7. *Mother's Birthplace*	Baltimore City maryland
8. *Full Name of Father*	Thomas McDonnell
9. *Father's Occupation*	Horse dealer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eng 77 McFadden st
Address	
Remarks	Health

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	~~White~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31st
4. Place of Birth (Street and Number)	No 264 Columbia Ave
5. Full Name of Mother	Nelly Brammar
6. Mother's Maiden Name	Nelly Bloss
7. Mother's Birthplace	Roter Dam North Holland
8. Full Name of Father	Peter Brammar
9. Father's Occupation	Carpentary
10. Father's Birthplace	Vons Dart Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fisher
Address	No 11 North Eutaw St
Remarks	Sound

rect Record of Vital Statistics in the City of Baltimore.

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11747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31st 1876.
4. Place of Birth (Street and Number)	Croftank st No 157
5. Full Name of Mother	Maria Miller " Wagner
6. Mother's Maiden Name	
7. Mother's Birthplace	Hanover Germ.
8. Full Name of Father	John Miller
9. Father's Occupation	Waiter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife 320 Alice Anna st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth 31 May

4. Place of Birth (Street and Number) 21 Eutaw St.

5. Full Name of Mother Emma Baumann

6. Mother's Maiden Name Emma Oppenheimer

7. Mother's Birthplace Prussia

8. Full Name of Father Silas Baumann

9. Father's Occupation Jeweller

10. Father's Birthplace Pittsburgh Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Silas Baumann

Address No. 21 Eutaw St.

Remarks No 62 Lexington Street.

11749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 31. 1876
4. *Place of Birth* (Street and Number) № 28 Leadenhall St
5. *Full Name of Mother* Fredericka Werner.
6. *Mother's Maiden Name* Frederieka Streitberger
7. *Mother's Birthplace* Rudolstadt Germany
8. *Full Name of Father* Frederick August Werner
9. *Father's Occupation* Porter
10. *Father's Birthplace* Müggeln Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Streng

Address № 32. Leadenhall St

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 31 76
4. Place of Birth (Street and Number)	57 N Wolfe
5. Full Name of Mother	Margreth Frank
6. Mother's Maiden Name	Max
7. Mother's Birthplace	City Baltimore
8. Full Name of Father	Carl Frank
9. Father's Occupation	~~Grocer~~ Sacler
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burchman
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 31st 1876
4. Place of Birth (Street and Number)	No 108 S Caroline St
5. Full Name of Mother	Barbara Hoffmeister
6. Mother's Maiden Name	" Letterer
7. Mother's Birthplace	City
8. Full Name of Father	Jacob Hoffmeister
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank St
Remarks	

City of Baltimore.

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) white

Date of Birth May 31st 1876.

Place of Birth (Street and Number) No. 13. Cambridge st.

Full Name of Mother Mary Burns.

Mother's Maiden Name Larkins.

Mother's Birthplace Baltimore County.

Full Name of Father James A. Burns.

Father's Occupation Ship Carpenter.

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Sharrington

Address No 40 Essex.

Remarks

RETURN OF A BIRTH.

11753

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 May
4. Place of Birth (Street and Number)	Portland No 54
5. Full Name of Mother	Caroline Schroepfer
6. Mother's Maiden Name	Caroline Bushardt
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Godfrey Charles
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Lebach
Address	Fort Avenue
Remarks	West Lemmett St 439

of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Sta...tic

RETURN OF A BIRTH.

11754.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
5
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 31st. 1876.
4. Place of Birth (Street and Number)	165. Columbia St.
5. Full Name of Mother	Elisabeth Barschmidt
6. Mother's Maiden Name	E. Wiedeman
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John Barschmidt.
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavarian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36. Paul St.
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 31st 1876
4. Place of Birth (Street and Number)	105 N. Eutaw St.
5. Full Name of Mother	Mary C. Hampson
6. Mother's Maiden Name	M. C. Weyforth
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	W. H. Hampson
9. Father's Occupation	Hatter
10. Father's Birthplace	N. Jersey
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wiese
Address	36 Exeter St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Mail & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31
4. Place of Birth (Street and Number)	Baltimore Pratt st No 770
5. Full Name of Mother	Jenney Mc Ewedey
6. Mother's Maiden Name	Jenny Sothers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James B P Mc Ewedey
9. Father's Occupation	Engeneer
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fretwurgel
Address	766 West Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31st 1876
4. Place of Birth (Street and Number)	54½ Hanford ave
5. Full Name of Mother	ann Maria Brack
6. Mother's Maiden Name	" " Brill
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Brack
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	1k O Eastern Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31, 1876.
4. Place of Birth (Street and Number)	351 Franklin St.
5. Full Name of Mother	Isabella Will
6. Mother's Maiden Name	Howlin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard C. Will
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Eddy
Address	363 Franklin St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) a

3. Date of Birth 31st of May 76

4. Place of Birth (Street and Number) 326 W Fayette st

5. Full Name of Mother Clara Amalia Randall

6. Mother's Maiden Name " " Bauer

7. Mother's Birthplace Baltimore

8. Full Name of Father James C Randall

9. Father's Occupation Clerk Lexington Market

10. Father's Birthplace Howard County Maryland

Name of Medical Attendant, or other Person who makes this Return. W. Weidman M.D.

Address 120 Park st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31/76
4. Place of Birth (Street and Number)	#74 S. Castle St.
5. Full Name of Mother	Auguste Siegmund
6. Mother's Maiden Name	Auguste Seidler
7. Mother's Birthplace	Saganid Germany
8. Full Name of Father	G. Jr Siegmund
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	M. Ledger
Address	#23 S. Durham St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11761

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5ᵗ
1. Sex (state whether Male or Female)	3 Male 2 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31 ᵗʰ 18
4. Place of Birth (Street and Number)	Parish of Baltimore Cᵒ City
5. Full Name of Mother	George anna Beale
6. Mother's Maiden Name	George anna Brumley
7. Mother's Birthplace	Petus Burg Virginia
8. Full Name of Father	Carl H Beale
9. Father's Occupation	Florist
10. Father's Birthplace	St Thomas C C W.
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fuhrmyer
Address	166 West Pratt st
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* ~~X~~ Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the 31. 1876.
4. *Place of Birth (Street and Number)* No 25 Jenkins Alley
5. *Full Name of Mother* Sophia Hellason
6. *Mother's Maiden Name* Sophaia Sherdon
7. *Mother's Birthplace* Towsontown Baltimore County
8. *Full Name of Father* Thomas Henson
9. *Father's Occupation* Whitewasher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Adelizer Moody

Address May the 31 1876

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1876
4. Place of Birth (Street and Number)	232 George St
5. Full Name of Mother	Alice Louisa Gessford
6. Mother's Maiden Name	Lowe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Gessford
9 Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Av
Remarks	Forceps case, inefficient pains

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11765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 & 6

1. *Sex (state whether Male or Female)* Males Twins
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st June 1876
4. *Place of Birth (Street and Number)* 35 Thames st
5. *Full Name of Mother* Susan Edmondson
6. *Mother's Maiden Name* Susan Gill
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Chs Edmondson
9. *Father's Occupation* Boarding house Keeper
10. *Father's Birthplace* Nova Scocia

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address Children name Nathan Edmondson and

Remarks Henry Edmondson

the Children are Healthy

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 7 1876
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) One

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Color
3. *Date of Birth* June the first 1876
4. *Place of Birth* (*Street and Number*) Maryland 112
5. *Full Name of Mother* Mary Bertander
6. *Mother's Maiden Name* Mary Burgun
7. *Mother's Birthplace* Pennsylvania County Md
8. *Full Name of Father* Joshua Tomson
9. *Father's Occupation* Mechanic Maryland Baltimore Md
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charles Murgin

Address Raburg 1st 158

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 1st 1876
4. *Place of Birth (Street and Number)* Eastern Av. No. 224.
5. *Full Name of Mother* Maria . Meyer
6. *Mother's Maiden Name* Maria . Meyer
7. *Mother's Birthplace* Frankert. K. Bayern Germany
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Fuller

Address N. Pallas St. No 26.

Remarks

11765

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
5
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Father 1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1
4. Place of Birth (Street and Number)	2 E Battery ave
5. Full Name of Mother	Janett E Plume
6. Mother's Maiden Name	Janett E Jary
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Authur B Plummer
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* January 15th 1876

4. *Place of Birth (Street and Number)* No. 65 E. Monument St

5. *Full Name of Mother* Emma McGregor

6. *Mother's Maiden Name* Emma Elliott

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph G. McGregor

9. *Father's Occupation* Car conductor

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. Hollyer

Address No. 65 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

11770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1. 1876
4. Place of Birth (Street and Number)	14 N. Carlton, near Edmonson Av
5. Full Name of Mother	Leonora Scanlon
6. Mother's Maiden Name	Leonora McGraw
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael A Scanlon
9. Father's Occupation	Salesman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A Kelly M.D.
Address	513 Lafayette st
Remarks	

11771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 1st 1876
4. Place of Birth (Street and Number)	No 2 Mason alley
5. Full Name of Mother	Maria Porter
6. Mother's Maiden Name	Bayley
7. Mother's Birthplace	E. S. Maryland
8. Full Name of Father	John N. Porter
9. Father's Occupation	Laborer
10. Father's Birthplace	E. Shore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Dorsey
Address	18 Orchard st
Remarks	None Baltimore Maryland

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 1st 1876
4. Place of Birth (Street and Number)	374 Sharp
5. Full Name of Mother	Maria Ruhland
6. Mother's Maiden Name	Maria Wagner
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Ruhland
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

11773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 76.
4. Place of Birth (Street and Number)	Cambridge st No. 97.
5. Full Name of Mother	Maria Hankton
6. Mother's Maiden Name	" Padig
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Joseph Hankton
9. Father's Occupation	Sailor
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Johana Schultz
Address	Andorfe
Remarks	320 Alice Anna st.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 2. 1876. ~~No. 202. S. Ann St.~~
4. Place of Birth (Street and Number)	No. 202 S. Ann St.
5. Full Name of Mother	Mary Butterfield.
6. Mother's Maiden Name	Mary McDonnell.
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Rudolph Butterfield.
9. Father's Occupation	Seaman.
10. Father's Birthplace	Turks Island, West I.
Name of Medical Attendant, or other Person who makes this Return.	Jno. M. Sullivan. M.D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	June 2nd 1876
4. *Place of Birth* (Street and Number)	153 Orleans St
5. *Full Name of Mother*	Clara Sweeting
6. *Mother's Maiden Name*	Clara Statlinger
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Sweeting
9. *Father's Occupation*	Fish Dealer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mewell
Address	286 N. Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2nd 1876
4. Place of Birth (Street and Number)	No. 80 Woodyear st.
5. Full Name of Mother	Catherine Gregarine
6. Mother's Maiden Name	" Kedinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christian Gregarine
9. Father's Occupation	Labor
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Elige Schmitt
Address	No 476 Penn Ave.
Remarks	

11777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2 1876
4. Place of Birth (Street and Number)	50 Camden st
5. Full Name of Mother	Augusta Meyer
6. Mother's Maiden Name	" Barknyer
7. Mother's Birthplace	Germany
8. Full Name of Father	William Meyer
9. Father's Occupation	Trickster
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J Stanley Hill M.D.
Address	90 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 2 of June 1876

4. Place of Birth (Street and Number) Balt No 48 E Monument St

5. Full Name of Mother Maria Fauntleroy

6. Mother's Maiden Name Young

7. Mother's Birthplace Caroline Co Va

8. Full Name of Father Charles Fauntleroy

9 Father's Occupation Waiter

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

11779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth June 2nd 76
4. Place of Birth (Street and Number) 51 Allemande St.
5. Full Name of Mother Barbara Schmalzle
6. Mother's Maiden Name Nützle
7. Mother's Birthplace Bavaria Germany
8. Full Name of Father Jno Schmalzle
9. Father's Occupation Tailor
10. Father's Birthplace U. States

Name of Medical Attendant, or other Person who makes this Return. John Morris M. D.

Address 5 Franklin St.

Remarks

Extract from Ordinance No. 1, approved April 2, 1875, entitled "An Ordinance to provide for the correct Record of Vital Statistics in the City of Baltimore."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2d
4. Place of Birth (Street and Number)	Baltimore, 42 Whatcoat Street
5. Full Name of Mother	~~Whatcoat~~ Ellen Ryan
6. Mother's Maiden Name	Ellen Cadogan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Henry Clay Ryan
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Miss Dumler
Address	60 N. Schroeder St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 2 1876

4. Place of Birth (Street and Number) No. 17 Boston St

5. Full Name of Mother Mary Klingelhoeffer

6. Mother's Maiden Name Snyder

7. Mother's Birthplace Balto City

8. Full Name of Father William Klingelhoeffer

9. Father's Occupation Shoe-maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. C. Cahall M.D.

Address Dr H H Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 2nd
4. Place of Birth (Street and Number)	115 S. Caroline
5. Full Name of Mother	Sarah E Wilson
6. Mother's Maiden Name	" " " Dauval
7. Mother's Birthplace	State of virginia
8. Full Name of Father	John R Wilson
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Hannah E Knowles.
Address	212 Eastern ave
Remarks	

Penalty for Neglect of Physicians to Report Births to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 2

4. Place of Birth (Street and Number) 66 Williams st

5. Full Name of Mother Kate Birk

6. Mother's Maiden Name Kate Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father William Birk

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Leah Johnson

Address no 82 - Hart st

Remarks delicate Child

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth June 2 1876

4. Place of Birth (Street and Number) No 207 Chestnut St Balto

5. Full Name of Mother Georgiana Scott

6. Mother's Maiden Name " "

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm J Scott

9. Father's Occupation Merchant

10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. G H Patterson M D

Address 23 Franklin St Balto

Remarks

11785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2nd 1876
4. Place of Birth (Street and Number)	189 Madison St
5. Full Name of Mother	Sarah Rye Wells
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	John S. Rye
9. Father's Occupation	Carpenter
10. Father's Birthplace	Cumberland Md.
Name of Medical Attendant, or other Person who makes this Return.	Ursula L. Christner
Address	129 E Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

11786

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 9 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
Sex (state whether Male or Female)	Female.
Race or Color (if not of the white race)	
Date of Birth	June 2nd. 1876.
Place of Birth (Street and Number)	822 E. Lombard St.
Full Name of Mother	Mary V. Windsor
Mother's Maiden Name	" " Todd
Mother's Birthplace	Balt. Md.
Full Name of Father	Lewis J. Windsor
Father's Occupation	Watchmaker
Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	H. Neville, Jr. M.D.
Address	Balt. & Nash. Sts.
Remarks	Natural.

RETURN OF A BIRTH.

11767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	2 of June 1876
4. Place of Birth (Street and Number)	116 Pheasant Street
5. Full Name of Mother	Lizzie Bradford
6. Mother's Maiden Name	Lizzy Bowers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bradford
9. Father's Occupation	hod Carrier
10. Father's Birthplace	Newport County
Name of Medical Attendant, or other Person who makes this Return.	Master
Address	Williams No 70 Pheasant
Remarks	Mother dieing Will

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
11
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) first Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Coulard
3. *Date of Birth* June 2 1876
4. *Place of Birth (Street and Number)* Elbow Lane no 23
5. *Full Name of Mother* Lizzie Jane Scott
6. *Mother's Maiden Name* L. J. Parren
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles B Scott
9. *Father's Occupation* Porter
10. *Father's Birthplace* Annarandel County

Name of Medical Attendant, or other Person who makes this Return. Mrs Primrose

Address No 79 dover st

Remarks Mother and Child are both well from good Attention of Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of This Birth in the City of Baltimore.

11782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* male ~~male~~
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* June 2 1876
4. *Place of Birth (Street and Number)* Gough St # 63
5. *Full Name of Mother* Kunigunde Bitter
6. *Mother's Maiden Name* " Bittle
7. *Mother's Birthplace* Bayers Europe
8. *Full Name of Father* John Bitter
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Bayes Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uellig

Address 40 Holland St Baltimore Md

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	american race
3. Date of Birth	June 2 1876
4. Place of Birth (Street and Number)	24 Holland St
5. Full Name of Mother	Mary Rohleder
6. Mother's Maiden Name	" Mansel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Rohleder
9. Father's Occupation	Saddler
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Nelly
Address	42 Holland St Baltimore Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

11791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	american race
3. Date of Birth	June 2 1876
4. Place of Birth (Street and Number)	Eaton St # 191
5. Full Name of Mother	Julia Gink
6. Mother's Maiden Name	" Fisher
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Gink
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ms Rose Nelly
Address	48 Holland St Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 9 of June

4. Place of Birth (Street and Number) Eastern Ave c/o 198

5. Full Name of Mother Josephine Winkler

6. Mother's Maiden Name Hermann Bleis

7. Mother's Birthplace Duchy Oldenburg Germany

8. Full Name of Father Franz Winkler

9. Father's Occupation Butcher

10. Father's Birthplace Duchy Oldenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Baltimore Meitzer

Address Stirling St 765

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 of June
4. Place of Birth (Street and Number)	Light St Near Fort
5. Full Name of Mother	Ellen Eckardt
6. Mother's Maiden Name	Ella Schmitt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Eckardt
9. Father's Occupation	Restaurant
10. Father's Birthplace	Nicada Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 125.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th Child 1th Mother

1. *Sex* (state whether Male or Female) Boi
2. *Race or Color* (if not of the white race) With
3. *Date of Birth* Juni 3th 1876
4. *Place of Birth* (Street and Number) 16 Beckers Court
5. *Full Name of Mother* Anna Margaretha Wentz
6. *Mother's Maiden Name* Kuhlenkamp
7. *Mother's Birthplace* Amerdorf am Varten Königreich Hanover
8. *Full Name of Father* Johann Jacob Wentz
9. *Father's Occupation* Workman
10. *Father's Birthplace* Soellingen am Durlach Grosherzogtum Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Duenler

Address 60 N. Schroeder St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics.

11795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd 1876
4. Place of Birth (Street and Number)	Chesley & Chen ne number
5. Full Name of Mother	Thersa Lesshauer
6. Mother's Maiden Name	Thersa Mueller
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Lesshauer
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Spena Spellman
Address	No 182 E Monument St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9960
8479
1435

11796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth.

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* [redacted]
3. *Date of Birth* [redacted]
4. *Place of Birth (Street and Number)* No 2 New Church st
5. *Full Name of Mother* Elizabeth Nagle
6. *Mother's Maiden Name* Elizabeth Gassting
7. *Mother's Birthplace* Lancaster Pa.
8. *Full Name of Father* George Nagle.
9. *Father's Occupation* Basket maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Jane Winnaberger

Address 23 N. Liberty st

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11797

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL 13 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 3rd
4. *Place of Birth (Street and Number)* Stirling St
5. *Full Name of Mother* Lena Lange
6. *Mother's Maiden Name* Lena Reichert
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Herman Lange
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J C Burchell M D

Address 141 Hanover St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 3rd 76
4. Place of Birth (Street and Number)	1 Johns Alley
5. Full Name of Mother	Lacky Ann Jones
6. Mother's Maiden Name	" " Gibbs
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Joshua T Jones
9. Father's Occupation	Hostler
10. Father's Birthplace	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	H. D Bookey M.D.
Address	143 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 3d June 1874

4. Place of Birth (Street and Number) No 282 Argyle Av

5. Full Name of Mother Sarah E Jordan

6. Mother's Maiden Name Sarah E Austin

7. Mother's Birthplace Talbot Co. Md

8. Full Name of Father W H Jordan.

9. Father's Occupation Clerk.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M. D.,

Address No. 267 Druid Hill ave

Remarks

11800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* male boy

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 5th June 1876

4. *Place of Birth (Street and Number)* 324 West Clement

5. *Full Name of Mother* Ellen Crapsit

6. *Mother's Maiden Name* Ellen Bohringer

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* H. L. Barringer

9. *Father's Occupation* Tinner

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas Kunkel

Address 11 North Chappel st per John Kunkel

Remarks Healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd June 1876
4. Place of Birth (Street and Number)	# 82 S. Conrad St
5. Full Name of Mother	Anna Mary Winter
6. Mother's Maiden Name	Anna Mary Thiekel
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Franz Winter
9. Father's Occupation	Cooper
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	M. Loederer
Address	238 S. Durham St.
Remarks	

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11809

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st and 3rd

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth*
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

11803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd 1876.
4. Place of Birth (Street and Number)	369 Mulberry St.
5. Full Name of Mother	Sarah L. Wait
6. Mother's Maiden Name	Dils
7. Mother's Birthplace	West Virginia
8. Full Name of Father	Alfred E. Wait
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 3d June 1876
4. *Place of Birth* (*Street and Number*) 4 Jackson St.
5. *Full Name of Mother* Lizzie Lotenberg
6. *Mother's Maiden Name* Dreller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Francis Lotenberg
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cuper

Address 52 E Lombard St.

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 3d June.

4. Place of Birth (Street and Number) 141 Lorn bard St.

5. Full Name of Mother Sarah E. Gay

6. Mother's Maiden Name Hunter

7. Mother's Birthplace U. States America

8. Full Name of Father Chas L. Gay

9. Father's Occupation Agent

10. Father's Birthplace U. States America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd at ~~No. 80 S. Chester St.~~ 6 O'clock P.M.
4. Place of Birth (Street and Number)	No. 80 S. Chester St.
5. Full Name of Mother	Margarett Ann Elizabeth Kirby
6. Mother's Maiden Name	" " " Kirby
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Jerome Kirby
9. Father's Occupation	Ship Trimmer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. L. Byrns M.D.
Address	No. 406 E. Baltimore st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11807

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd 1876
4. Place of Birth (Street and Number)	333 Haysmith Al
5. Full Name of Mother	Jane M. Mitchell
6. Mother's Maiden Name	Jane M. Norwood
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James M. Mitchell
9. Father's Occupation	Gas Fitter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11808

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Children 4 / 3 for
1. Sex (state whether Male or Female)	3 females 1 Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 3 of June
4. Place of Birth (Street and Number)	Johnson Street No 9 59
5. Full Name of Mother	Mrs Margretta Lowry
6. Mother's Maiden Name	Margretta Rossler
7. Mother's Birthplace	Germany
8. Full Name of Father	Mr George Alexander Lowry
9. Father's Occupation	Tobacco
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Connelly
Address	
Remarks	

11809

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 3 th of June
4. *Place of Birth (Street and Number)* Bradford ally
5. *Full Name of Mother* mary Roselder Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* guaran maryland Easten shore
8. *Full Name of Father* John emith
9. *Father's Occupation* Bucher
10. *Father's Birthplace* Virginer

Name of Medical Attendant, or other Person who makes this Return. Elisbeth foot midewife

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
10
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Col'd

3. Date of Birth Saturday 3d June 1876

4. Place of Birth (Street and Number) 19 Exeter St

5. Full Name of Mother Celia Tarbert

6. Mother's Maiden Name Celia Ann

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Carthy

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. Isaac Ives

Address 113 E. Lombard St.

Remarks Healthy Child

RETURN OF A BIRTH.

11811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 3rd 1876

4. Place of Birth (Street and Number) # 448 Alice Anna St.

5. Full Name of Mother Margret Ewalt

6. Mother's Maiden Name Margaret Hollaman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Louis Ewalt

9. Father's Occupation Cannmaker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 435 Alice Anna St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 3: 1876.
4. Place of Birth (Street and Number)	182. Washington St.
5. Full Name of Mother	Martha Ann Halden.
6. Mother's Maiden Name	Martha Ann Pontz.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Ognel L. Halden.
9. Father's Occupation	Insurance Agent.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	D. N. Heiskell MD
Address	95 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

11813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Saturday June th 3 Inst
4. *Place of Birth (Street and Number)* 104 St Peter st Back
5. *Full Name of Mother* Margrett Stalkings
6. *Mother's Maiden Name* Margrett Fox
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Peter Stalkings
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Balto md

Name of Medical Attendant, or other Person who makes this Return. Northgrave Pinkney Jr.

Address 1 Dept South n 439

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 3rd June

4. *Place of Birth (Street and Number)* Baltimore No 31 Eight St

5. *Full Name of Mother* Frances Cromer

6. *Mother's Maiden Name* ~~Clyde~~ Frances Bracken

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Daniel Cromer

9. *Father's Occupation* Brickmaker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Tisdale

Address No West - Pratt Street

Remarks good health

439.

Vital Records of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd 1876
4. Place of Birth (Street and Number)	No 287 East Eager St.
5. Full Name of Mother	Mary Boergerding
6. Mother's Maiden Name	Mary Ratvelage
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Francis Boergerding
9. Father's Occupation	Iron moulder
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 209 Monument St. Cor. Central Avenue Balto.
Remarks	All Well.

11816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 3
4. Place of Birth (Street and Number)	114 E. Pratt St.
5. Full Name of Mother	Eliza Davis
6. Mother's Maiden Name	Keith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Conrad Davis
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant or other Person who makes this Return.	Gertrant Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

118-17

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child.

1. *Sex* (state whether Male or Female) Male Child.
2. *Race or Color* (if not of the white race) African.
3. *Date of Birth* Saturday June 3d 1876.
4. *Place of Birth* (Street and Number) Lee Street No 146.
5. *Full Name of Mother* Isabella Lloyd.
6. *Mother's Maiden Name* Isabella Smith.
7. *Mother's Birthplace* Hasburg Virginia.
8. *Full Name of Father* Steven Lloyd
9. *Father's Occupation* Laborerin Brick yard at present.
10. *Father's Birthplace* St. Mary's County Maryland.

Name of Medical Attendant, or other Person who makes this Return. Rozetta Galway; Granny.

Address Lee Street No 146.

Remarks

11818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* June 3 - 1876
4. *Place of Birth* (Street and Number) 9 Watson Court
5. *Full Name of Mother* Maria B. Holzmann
6. *Mother's Maiden Name* Seibert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Hermann Holzmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, Gertrude Hillen

Address 161 E. Saratoga St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. June 5

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4 1876.
4. *Place of Birth (Street and Number)* 1028 Wolfe St.
5. *Full Name of Mother* Minnie Frank.
6. *Mother's Maiden Name* Minnie Gangemüller.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Edward Frank.
9. *Father's Occupation* Clerk Trad.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S Wolff St.

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4th 1876
4. *Place of Birth (Street and Number)* Lexington Street 491
5. *Full Name of Mother* Sarah F. Leedy
6. *Mother's Maiden Name* Sarah F. Price
7. *Mother's Birthplace* Fredericktown Md
8. *Full Name of Father* Edward B. Leedy
9. *Father's Occupation* Painter
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Dannebler

Address 60 N. Schroeder Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 S

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4th 1876
4. *Place of Birth (Street and Number)* No 116 Somerset st
5. *Full Name of Mother* Mary Huber
6. *Mother's Maiden Name* Mary Heilman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Huber
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Kilgus

Address No 181 Monument st

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11822

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 4th
4. Place of Birth (Street and Number)	158 Front-St
5. Full Name of Mother	Maria Robinson
6. Mother's Maiden Name	Maria Washington
7. Mother's Birthplace	Northumberland Co. Va
8. Full Name of Father	Wm Robinson
9. Father's Occupation	Laborer
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Sobfa Hines
Address	
Remarks	

Rules and Regulations for Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* dowd Sunday June 4. 1876
4. *Place of Birth (Street and Number)* Baltimor Suder St
5. *Full Name of Mother* Elizzie Comes
6. *Mother's Maiden Name* Elizzie Hornon
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* george Comes
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimo County

Name of Medical Attendant, or other Person who makes this Return. Sarah Ellis

Address 247 orleans St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11824

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th June 1876.
4. *Place of Birth (Street and Number)* 126. Fort Ave.
5. *Full Name of Mother* Lizzie Mother
6. *Mother's Maiden Name* Lizzie Weber
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Mother
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11825

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	June 4th 1876
4. *Place of Birth (Street and Number)*	204½ S. Bond.
5. *Full Name of Mother*	Pauline Senft
6. *Mother's Maiden Name*	" King
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Carl Henry Senft
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. Deuschle
Address	97 N. Broadway,
Remarks	

11826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (~~state whether Male or~~ Female)

2. *Race or Color* (~~if not of the~~ white race)

3. *Date of Birth* June 4th 1876

4. *Place of Birth* (Street and Number) No 138 Lloyd St Balto Md

5. *Full Name of Mother* Jennie Cohen

6. *Mother's Maiden Name* " Jacobson

7. *Mother's Birthplace* Russia

8. *Full Name of Father* Simon Cohn

9. *Father's Occupation* Peddler & Merchandise

10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.

Address No 121 & 123 Aisquith St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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11827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 June 1876
4. *Place of Birth (Street and Number)* 162 S. Spring St.
5. *Full Name of Mother* Elizabeth Koehnen Herman
6. *Mother's Maiden Name* Elizabeth Koehner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Bolder Herman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Th. Loederer

Address 203 Durham St

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

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11828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 4th June 1876.

4. Place of Birth (Street and Number) 10 E Spring St

5. Full Name of Mother Cora Lee

6. Mother's Maiden Name " "

7. Mother's Birthplace U. States of America

8. Full Name of Father }

9. Father's Occupation }

10. Father's Birthplace }

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lanvale St

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4th Day of June
4. *Place of Birth (Street and Number)* ~~Kast Pratt~~ Lemon St
5. *Full Name of Mother* ~~Lottie~~ Katy Fink
6. *Mother's Maiden Name* Schiffner
7. *Mother's Birthplace* Hotelhinjen Prussia
8. *Full Name of Father* Ernest Fink
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Harrisburg

Name of Medical Attendant, or other Person who makes this Return. Anne Linder

Address 1645 Monroe St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	4 June
4. Place of Birth (Street and Number)	In the Rear of Perry it S. 271
5. Full Name of Mother	Martha Ann Littleton Madden
6. Mother's Maiden Name	Martha Ann Stewart
7. Mother's Birthplace	Easton Shore
8. Full Name of Father	John Henry Stewart
9. Father's Occupation	Labourer
10. Father's Birthplace	Talbot County
Name of Medical Attendant, or other Person who makes this Return.	Mr. Ely Frost
Address	Patapsco ~~Alley~~ Avenue no 1
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	June 4th 1876,
4. Place of Birth (Street and Number)	164 William St,
5. Full Name of Mother	Mary Victoria Selway,
6. Mother's Maiden Name	" " Pridgeon,
7. Mother's Birthplace	Balto. City,
8. Full Name of Father	Wm Selway,
9. Father's Occupation	Ship Joiner,
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall, M. D.
Address	158 Sharp St,
Remarks	Child living,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUNE
6
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 4th 1876

4. *Place of Birth (Street and Number)* No 12 Baron St

5. *Full Name of Mother* Johanna Donohue

6. *Mother's Maiden Name* " McCarthy

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Martin Donohue

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula L Christian

Address 129 E Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1183.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 - 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	June 4 1876
4. Place of Birth (Street and Number)	81 Leadenhall St Balto
5. Full Name of Mother	Mary Gross
6. Mother's Maiden Name	
7. Mother's Birthplace	Talbot County Md.
8. Full Name of Father	Davy G. Ross
9. Father's Occupation	Brick maker
10. Father's Birthplace	Talbot County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Kinsi
Address	209 Hamburg Street Balto
Remarks	Just as well as can be expected

11831

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4
4. Place of Birth (Street and Number)	865 W Baltimore St
5. Full Name of Mother	Lizzie Lingel
6. Mother's Maiden Name	Lodtkof
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Lingel
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Thon
Address	324 S Exeter St. B M
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4th 1876
4. Place of Birth (Street and Number)	15½ North Dallas Av-
5. Full Name of Mother	Mary Magdalina ~~Bo~~ Lucas
6. Mother's Maiden Name	Mary Magdalina Baker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robt. E. Lucas
9. Father's Occupation	Musician
10. Father's Birthplace	Carolina County Md
Name of Medical Attendant, or other Person who makes this Return.	E. Geo Walls M D
Address	181 E. Monument Street
Remarks	

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4th
4. Place of Birth (Street and Number)	78 Penn Ave
5. Full Name of Mother	Carrie Oppenheim
6. Mother's Maiden Name	Carrie Oberndorf
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Morris Oppenheim
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lesley Spruill
Address	448 Mulberry St.
Remarks	Child Healthy

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11837

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

8 3 1
1 5
6 5

HEALTH DEPARTMENT
JUN 7
1876
BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.)	First
(state whether Male or Female)	Female
or Color (if not of the white race)	Colored
of Birth	Fourth Day of June 1
of Birth (Street and Number)	31 Davis Street
Name of Mother	
er's Maiden Name	Ella Cox
er's Birthplace	King Sail West Virginia
Name of Father	Verpe Countess
r's Occupation	Waiter
r's Birthplace	Richmond Street
of Medical Attendant, or other Person who makes this Return.	Mrs Ella Stups
ess	42 Sharps Streets.
rks	

RETURN OF A BIRTH.

11838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th June
4. Place of Birth (Street and Number)	34 E Fayette st Balto
5. Full Name of Mother	Annie W Kelly
6. Mother's Maiden Name	Annie W Wales
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Thomas Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullivan
Address	104 Eutaw st Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
7
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4th 1876
4. Place of Birth (Street and Number)	#18 Pleasant alley
5. Full Name of Mother	Bridget Welch
6. Mother's Maiden Name	Bridget Hanley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Welch
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Barrett
Address	#485 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 4 of Juin 1876
4. *Place of Birth (Street and Number)* No 24 Stockton st
5. *Full Name of Mother* Emigunda Adkinson
6. *Mother's Maiden Name* Emigunda Beachrod,
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* George Adkinson
9. *Father's Occupation* a Boucher,
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Thresa Eigelsinger

Address No 14 Union st

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12^11

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 4th of June 1876

4. Place of Birth (Street and Number) E. Fayette St.

5. Full Name of Mother Matilde Tillmann

6. Mother's Maiden Name M. Storck

7. Mother's Birthplace Baltimore

8. Full Name of Father Nic. Tillmann

9. Father's Occupation Professor of Music.

10. Father's Birthplace Mecklenburg (Prussia)

Name of Medical Attendant, or other Person who makes this Return. Fred. Reese, M.D.

Address

Remarks

Duties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect Record of Vital Statistics.

11842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4th 1876.
4. *Place of Birth (Street and Number)* E. Lombard St. No. 105.
5. *Full Name of Mother* Katharina Vetter
6. *Mother's Maiden Name* Katharina Dieffenbach
7. *Mother's Birthplace* Oberweimer N. Preussen Germany
8. *Full Name of Father* Martin Vetter
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Lindenfels. Gr. Hessen. Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vol. Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11843

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9ter Child

1. *Sex (state whether Male ~~or Female~~)* /

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 4th 1876

4. *Place of Birth (Street and Number)* Bank St. No. 38

5. *Full Name of Mother* Barbara Lehneis

6. *Mother's Maiden Name* Barbara Distler

7. *Mother's Birthplace* Engelhardsberg. K. Baiern Germany

8. *Full Name of Father* Johann G. Lehneis

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Oberfellendorf. K. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

118114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 6 1876

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 5th 1876.
4. *Place of Birth (Street and Number)* 189 Gough St.
5. *Full Name of Mother* Caroline Kahn.
6. *Mother's Maiden Name* Caroline Buchheim.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Kahn.
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 131 Wolfe St.

Remarks —

11843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5th 1876
4. Place of Birth (Street and Number)	No 190 S Ann str
5. Full Name of Mother	Eliza Morris
6. Mother's Maiden Name	" Stevens
7. Mother's Birthplace	City
8. Full Name of Father	Frank Morris
9. Father's Occupation	Conductor
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 5th 1876
4. *Place of Birth (Street and Number)* No 37 Cambridge st
5. *Full Name of Mother* Tracy Winkelmann
6. *Mother's Maiden Name* " Meiselahn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Winkelmann
9. *Father's Occupation* Puddler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

That Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15 C 11847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5th 1876
4. Place of Birth (Street and Number)	No 9 Essex str
5. Full Name of Mother	Maria Krusse
6. Mother's Maiden Name	" Schoenhoff.
7. Mother's Birthplace	City
8. Full Name of Father	John Krusse
9. Father's Occupation	Grocer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	No 120 Bank str
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5th 1876
4. Place of Birth (Street and Number)	No 61 S Washington
5. Full Name of Mother	Sarah Coonich
6. Mother's Maiden Name	Thurlow
7. Mother's Birthplace	City
8. Full Name of Father	George Coonich
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E Bustmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 5. 1876

4. Place of Birth (Street and Number) 1564 Orleans St

5. Full Name of Mother Katie Ann Quinn

6. Mother's Maiden Name Kittie Sabbins

7. Mother's Birthplace Baltimore

8. Full Name of Father John C. Quinn

9. Father's Occupation Policeman

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Alexander Wood

Address No 175 N. Caroline St

Remarks

RETURN OF A BIRTH.

11850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1876
4. Place of Birth (Street and Number)	158 Battery av.
5. Full Name of Mother	Laura J. Gull
6. Mother's Maiden Name	Barnett
7. Mother's Birthplace	Maryland
8. Full Name of Father	Geo Gull
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.W. cor Hanover Barnetts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
10
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Negro

3. Date of Birth Sunday June 4th 76 - 9. P.M.

4. Place of Birth (Street and Number) 56 Davis

5. Full Name of Mother Margaret Jones

6. Mother's Maiden Name Margaret Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father William Haney Jones

9. Father's Occupation Hostler

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eberle G. Wolch M.D.

Address 51 N. Calvert St

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colared.
3. *Date of Birth* 5th of June. 1876
4. *Place of Birth (Street and Number)* N. 52 Creamers Alley
5. *Full Name of Mother* Caroline Williams
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern shore Maryland
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Milly Grofs.

Address Potapscoe Avenue No 1.

Remarks

11833

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 9 1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

(state whether Male or Female) Female.

ce or Color (if not of the white race)

te of Birth June 5th 1876

ce of Birth (Street and Number) 23 S. Chester St.

ll Name of Mother Mary Vardy Nelson

ther's Maiden Name "

ther's Birthplace Balt. Md.

ll Name of Father John R. Vardy

ther's Occupation Pilot

ther's Birthplace Balt. Md.

me of Medical Attendant, or other Person who makes this Return. S. Glanville, Lock M.D. Asst.

ldress

marks

RETURN OF A BIRTH.

11854

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~[illegible]~~ June 5th 1876
4. *Place of Birth (Street and Number)* No 45 Orleans st
5. *Full Name of Mother* Cline Heumann
6. *Mother's Maiden Name* Cline Thuri
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Heumann
9. *Father's Occupation* Church Organ-builder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henr H Myers

Address No 15 N Monument St

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1855

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5th
4. Place of Birth (Street and Number)	8 Parkin St
5. Full Name of Mother	Frances Olivia Wilson Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	Carroll County Md.
8. Full Name of Father	David Wilson,
9. Father's Occupation	Minister
10. Father's Birthplace	Martinsburg Pa.
Name of Medical Attendant, or other Person who makes this Return.	Dr L. V. Spicer
Address	379 N. Stricker St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 5th 1876
4. Place of Birth (Street and Number)	348 Hamburg St.
5. Full Name of Mother	Rose Eeslie
6. Mother's Maiden Name	" " Pfeffer
7. Mother's Birthplace	Germany
8. Full Name of Father	Gottlieb Eeslie
9. Father's Occupation	Boxmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Collect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11857.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1st

1. *Sex (state whether Male or Female)* Mal
2. *Race or Color (if not of the white race)* Race Colord
3. *Date of Birth* June 5 1876
4. *Place of Birth (Street and Number)* Place of Birth 1 Shuter St
5. *Full Name of Mother* Elizabeth Dickinson No 40
6. *Mother's Maiden Name* Baltimore
7. *Mother's Birthplace* Eld Elizabeth S Lee
8. *Full Name of Father* Alexander Dickinson
9. *Father's Occupation* Brickboyard 9 years
10. *Father's Birthplace* Carlton Co in share tolled Co

Name of Medical Attendant, or other Person who makes this Return. M D

Address 1 bet post Mid Mile

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) The seventh child

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* on the fifth of June

4. *Place of Birth* (*Street and Number*) 263 William St

5. *Full Name of Mother* Martha Ann Taylor

6. *Mother's Maiden Name* Martha Smith

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Samuel Taylor

9. *Father's Occupation* Boiler Maker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conoway.

Address

Remarks

11859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1876
4. Place of Birth (Street and Number)	166 Mother St
5. Full Name of Mother	Mary Pugh
6. Mother's Maiden Name	Stevenson
7. Mother's Birthplace	Ireland
8. Full Name of Father	William George Pugh
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison St
Remarks	

ties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11860

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 5

4. Place of Birth (Street and Number) 1 S Hallelley

5. Full Name of Mother Lata Cetlerg

6. Mother's Maiden Name Lata Cetlerg

7. Mother's Birthplace Poland

8. Full Name of Father Henry Cetlerg

9. Father's Occupation Laborer

10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return. Nancy Smith

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether ~~Male~~ or Female) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* June 5th 1876

4. *Place of Birth* (Street and Number) 213 Sept St

5. *Full Name of Mother* Eliza Jane Davis

6. *Mother's Maiden Name* Ray

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Romney Davis

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Sprecher

Address 379 W Lombard St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. *Sex (state whether ~~Male or~~ Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 5th 1876
4. *Place of Birth (Street and Number)* No. 498 W. Lexington Str.
5. *Full Name of Mother* Elisabeth Schwartz
6. *Mother's Maiden Name* " Reuver
7. *Mother's Birthplace* Provine Hanover Germany
8. *Full Name of Father* Daniel Schwartz
9. *Father's Occupation* Bread Baker
10. *Father's Birthplace* Wurtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler Midwife

Address No. 60. N. Schroder Str.

Remarks

This child lived 24 hours.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth June 6th 1876

4. Place of Birth (Street and Number) 242 N Bond Street

5. Full Name of Mother Mary E. Lucas

6. Mother's Maiden Name Mary E. Purnell

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Edward Lucas

9. Father's Occupation Mason

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. Jno Wallis M.D.

Address 181 E Lanvale St

Remarks Child presents a very healthy appearance

RETURN OF A BIRTH.

11862.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 6, 1876

4. Place of Birth (Street and Number) No. 126, E. Chester St

5. Full Name of Mother Mary Ann Donough

6. Mother's Maiden Name Conroy

7. Mother's Birthplace Ireland

8. Full Name of Father John Ann Donough

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Frank Ford

Address 1 H. St. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th June 1876
4. *Place of Birth (Street and Number)* No 368 N. Durham st.
5. *Full Name of Mother* Sallie Smith
6. *Mother's Maiden Name* Sallie Myers
7. *Mother's Birthplace* York Pa.
8. *Full Name of Father* Henry Smith
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. C Mary A Mewell

Address 286 N. Broadway st

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Section 4 of the Act to establish a Bureau of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th
4. Place of Birth (Street and Number)	425 E Lombard
5. Full Name of Mother	Sarah Bohm
6. Mother's Maiden Name	Sarah Gray
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Milton Bohm
9. Father's Occupation	Tobacco
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Geelzke
Address	55 South Bond St
Remarks	

11867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th 1876
4. Place of Birth (Street and Number)	25 Green St
5. Full Name of Mother	Kate Gerstmeyer
6. Mother's Maiden Name	"
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Gerstmeyer
9. Father's Occupation	Bakery
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M.D
Address	1 1/2 S Exeter St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect Record of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11868

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th 76
4. Place of Birth (Street and Number)	No 229 S Stricker St
5. Full Name of Mother	Caroline Lucke
6. Mother's Maiden Name	Caroline Kelsel
7. Mother's Birthplace	Germany
8. Full Name of Father	Fred. George Lucke
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. H. Reynolds Jr.
Address	No 203 W Lombard
Remarks	

11869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female) Male

or Color (if not of the white race) Colerd

of Birth born on a

e of Birth (Street and Number) No 6 Gillingham alley

Name of Mother betty Hill

er's Maiden Name betta Perry

er's Birthplace washington city

Name of Father Columbia Hill

er's Occupation waiter

er's Birthplace assiek county va

e of Medical Attendant, or other Person who makes this Return. Elen Stubs 42 little Sharp st

ess

arks

11870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	6 Day of June
4. Place of Birth (Street and Number)	588 West Pratt
5. Full Name of Mother	Maria Schmidt
6. Mother's Maiden Name	Lang
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schmidt
9. Father's Occupation	Confectioner
10. Father's Birthplace	Hessen Darmstadt.
Name of Medical Attendant, or other Person who makes this Return.	Amie Lindenmeyer
Address	1045 Monroe St
Remarks	

Peel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11871

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 6.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd M.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 6th 1876.
4. *Place of Birth (Street and Number)* 203 Eastern Ave.
5. *Full Name of Mother* Bellana Schreiber.
6. *Mother's Maiden Name* Bellana Bertter
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Herman Schreiber
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend

Address No 137 S Wolfe St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

RETURN OF A BIRTH.

11872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1876
4. *Place of Birth (Street and Number)* 51 Madison St
5. *Full Name of Mother* Catharine McKenny
6. *Mother's Maiden Name* McDermott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael McKenny
9. *Father's Occupation* Driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula C Schriner

Address 129 E Monument

Remarks

11873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12 Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	amucan
3. Date of Birth	June 6 1876
4. Place of Birth (Street and Number)	Eden St # 72
5. Full Name of Mother	Therese Kuber
6. Mother's Maiden Name	" Dorbert
7. Mother's Birthplace	Bayer Europe
8. Full Name of Father	John Kuber
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	Bayey Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St Baltimore Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11874

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th
4. Place of Birth (Street and Number)	228 Lawrence St
5. Full Name of Mother	Edelia Deering
6. Mother's Maiden Name	Bevigo
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Henry Deering
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Rush.
Address	228 S Eutaw St
Remarks	

Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 6. 76.
4. Place of Birth (Street and Number)	48 N. Eden str
5. Full Name of Mother	Beile Bialostotz
6. Mother's Maiden Name	Salomon
7. Mother's Birthplace	Poland
8. Full Name of Father	David Bialostotz
9. Father's Occupation	Peddler
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Gaddie Bernstein
Address	118 E. Lombard Str.
Remarks	None

rect Record of Vital Statistics in the City of Baltimore.

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11576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th 76.
4. Place of Birth (Street and Number)	32 Ryan Ct
5. Full Name of Mother	Ellen Garey
6. Mother's Maiden Name	Ellen Tuite
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Michael Garey.
9. Father's Occupation	Machinist
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	H H Slaplin. M. D
Address	243 Register Ct
Remarks	(Instrumental delivery

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	June 6th 1876
4. *Place of Birth* (Street and Number)	41 N. Caroline St
5. *Full Name of Mother*	Rebecca Armstrong
6. *Mother's Maiden Name*	Rebecca Spear
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Armstrong
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Unknown
Name of Medical Attendant, or other Person who makes this Return.	Miss Lee Walker
Address	
Remarks	

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1
4. Place of Birth (Street and Number)	35 Jefferson Street
5. Full Name of Mother	Catherin Winter
6. Mother's Maiden Name	Latin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Winter
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophus Simon
Address	No 40 Granby Street
Remarks	

RETURN OF A BIRTH.

11879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	~~June 7th 1876.~~
3. Date of Birth	June 7th 1876
4. Place of Birth (Street and Number)	5-6 Spring St, Cor Pratt.
5. Full Name of Mother	Fannie Hollander
6. Mother's Maiden Name	" Koshland
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Edward Hollander.
9. Father's Occupation	Furniture Dealer.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	15-8 S. Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Female Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th June
4. Place of Birth (Street and Number)	Montgomery St No 213
5. Full Name of Mother	Anne Wellerman
6. Mother's Maiden Name	Anne Lehrer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christoph Wellerman
9. Father's Occupation	Laber
10. Father's Birthplace	Wirtenbarg
Name of Medical Attendant, or other Person who makes this Return.	Wes Martin
Address	West St No 128
Remarks	

Fect Record of Vital Statistics in the City of Baltimore.

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11851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 7th

4. Place of Birth (Street and Number) 154 Romney St.

5. Full Name of Mother Ellen Kelly

6. Mother's Maiden Name Ellen Lee

7. Mother's Birthplace Balto.

8. Full Name of Father Patrick Kelly

9. Father's Occupation Stuckston —

10. Father's Birthplace Philadelphia —

Name of Medical Attendant, or other Person who makes this Return. J. G. McCollum M D

Address 598 W. Lombard St.

Remarks Born before full time ~~Male~~ Boy may — Consequently there was a non closure of the foramen ovale

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1876
4. Place of Birth (Street and Number)	# 118 Chesapeake St
5. Full Name of Mother	Ann Eliza Rebecca Lilly
6. Mother's Maiden Name	Ann Eliza Rebecca LeBrun
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Henry Lilly
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Alice Anna St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 7th. died the 8th 3 A.M.
4. *Place of Birth (Street and Number)* 49 N. Dallas Street
5. *Full Name of Mother* Annie Gray
6. *Mother's Maiden Name* Anderson
7. *Mother's Birthplace* City
8. *Full Name of Father* Elijah Gray
9. *Father's Occupation* Sailor
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address E. Lombard Street

Remarks Seven months child died on arrival.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11888

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 7th June 1876
4. Place of Birth (Street and Number) 21 Abbott st
5. Full Name of Mother Josefa Klignera
6. Mother's Maiden Name Josefa Kibak
7. Mother's Birthplace Bohemia
8. Full Name of Father Jan Klignera
9. Father's Occupation Laborer
10. Father's Birthplace Bohemia
Name of Medical Attendant, or other Person who makes this Return. Katerina Razourek.
Address 21 30. Abbott st
Remarks Born Live

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11883

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* June 7. — at 10.45 Oclock.

4. *Place of Birth (Street and Number)* 331 N. Eden St.

5. *Full Name of Mother* Hannah Hall.

6. *Mother's Maiden Name* Hannah Henderson

7. *Mother's Birthplace* Harford County.

8. *Full Name of Father* William Wells.

9. *Father's Occupation* Commission Merchant.

10. *Father's Birthplace* Annapolis. Md.

Name of Medical Attendant, or other Person who makes this Return. D. Caldwell Ireland. M.D.

Address 178 Aisquith St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child,

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* 7 of June 1876,
4. *Place of Birth* (Street and Number) No 76. Pennsylvania,
5. *Full Name of Mother* Elisa Hencel
6. *Mother's Maiden Name* Eliesa Kelbflep.
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Cyear Hencel,
9. *Father's Occupation* a Carpter
10. *Father's Birthplace* in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

Rules in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female Still [redacted] Birth

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* June 7th Baltimore 1876

4. *Place of Birth (Street and Number)* Warner St No. 188

5. *Full Name of Mother* Annie Dossy

6. *Mother's Maiden Name* [redacted] Single woman

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Emily Hugo 263 Cross St

Address between Howard & Sharp Sts Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 second child

1. *Sex (state whether Male or Female)* A girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born the 7th June 1876
4. *Place of Birth (Street and Number)* 18 South Wolf st
5. *Full Name of Mother* Annie Loefler
6. *Mother's Maiden Name* Annie Nickels
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Nickels
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Orrentia Kuntzel

Address 71 North Chapel st for John Kuntzel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

11889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 7th 1876
4. Place of Birth (Street and Number)	No 1 Winder Street
5. Full Name of Mother	Anna Kiste
6. Mother's Maiden Name	" " Strehman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ludwig Kiste
9. Father's Occupation	Black Smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1
1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 7th 1875
4. Place of Birth (Street and Number)	1243 Freemont St.
5. Full Name of Mother	Amelia Ann Read
6. Mother's Maiden Name	" " Bowes
7. Mother's Birthplace	Frederick City Md.
8. Full Name of Father	Richard A. Read.
9. Father's Occupation	Minister
10. Father's Birthplace	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	J. A. Bellinid.
Address	1618 Stuart St
Remarks	Physical Condition of Child Good

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1876
4. Place of Birth (Street and Number)	Baltimore Population 1 11th
5. Full Name of Mother	Kate Butler
6. Mother's Maiden Name	" Cavan
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Butler
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 103 S. Population st
Remarks	

11892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
14
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7th 1876.
4. *Place of Birth (Street and Number)* Chesapeake st 19
5. *Full Name of Mother* Sarah Caroline Collins
6. *Mother's Maiden Name* Sarah Caroline Benjamin
7. *Mother's Birthplace* Baltimore Co Maryland
8. *Full Name of Father* David Collins
9. *Father's Occupation* Lumberman
10. *Father's Birthplace* Baltim Co Maryland

Name of Medical Attendant, or other Person who makes this Return. E Co Baldwin

Address N. Exeter 124

Remarks The mother was twice married 1st to Mr Haines

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of ~~Baltimore~~, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 7 — 1876
4. Place of Birth (Street and Number)	190 S. Bond St.
5. Full Name of Mother	Mary A. E. Bornemann
6. Mother's Maiden Name	Gontrum
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Wm Bornemann
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Hilker
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1876
4. Place of Birth (Street and Number)	253 Caroline St
5. Full Name of Mother	Adalaid Constance
6. Mother's Maiden Name	Adalaid Sherwood
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Constance
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 8th 1876
4. *Place of Birth (Street and Number)* 2 Wilmer Alley
5. *Full Name of Mother* Mary E. Langhorne
6. *Mother's Maiden Name* Mary E Goff
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Willian L. Langhorne
9. *Father's Occupation* Porter
10. *Father's Birthplace* Lynchburg Virginia

Name of Medical Attendant, or other Person who makes this Return Chester Bodley Doctress

Address 85 Orchard street

Remarks

11896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 8th 1876
4. Place of Birth (Street and Number)	No 311 N. Gay St.
5. Full Name of Mother	Charlotte Severe.
6. Mother's Maiden Name	Charlotte Shipley
7. Mother's Birthplace	Annapolis Md
8. Full Name of Father	James Severe
9. Father's Occupation	Sail maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 209 Monument St. Cor. Central Av. Bal
Remarks	All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 8th 1876
4. Place of Birth (Street and Number)	No 175 Asquith St. Balto. Md
5. Full Name of Mother	Caroline Silber
6. Mother's Maiden Name	Caroline Ziegler
7. Mother's Birthplace	Baden Germany
8. Full Name of Father	August Silber
9. Father's Occupation	Bakery
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 209 Monument St. Cor. Central Avenue Balto. Md
Remarks	

11898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colred
3. *Date of Birth* No 23 York Street
4. *Place of Birth (Street and Number)* June 8 1876
5. *Full Name of Mother* Harriet Washington
6. *Mother's Maiden Name* Harriet Martin
7. *Mother's Birthplace* accomac virginia
8. *Full Name of Father* William Henry Martin
9. *Father's Occupation* Barber
10. *Father's Birthplace* accomac Virginia

Name of Medical Attendant, or other Person who makes this Return. Henry Pobbe

Address Hilsboro

Remarks residence 181 Hughes street

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th June 1876
4. *Place of Birth (Street and Number)* 171 S. Bond St.
5. *Full Name of Mother* Louisa J Cramer
6. *Mother's Maiden Name* Louisa Gardner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John J Cramer
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Hessia

Name of Medical Attendant, or other Person who makes this Return. M. Leeker

Address 228 S. Durham St.

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	8 Juni Censor Street 1876
4. Place of Birth (Street and Number)	168 Censor Stret
5. Full Name of Mother	Luise Siegman
6. Mother's Maiden Name	Luise Sachs
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Friedrig Siegman
9. Father's Occupation	Cabenter
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Stret
Remarks	

11901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Thursday June 8th 1876
4. Place of Birth (Street and Number)	No 211 - Hamburg Street.
5. Full Name of Mother	Ann Rebecca Simms
6. Mother's Maiden Name	Ann Rebecca Simms
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Richard Harris
9. Father's Occupation	Drives Hack
10. Father's Birthplace	Baltimore Md.
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Nancy Lokey
Address	No 3. Seldens Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 8 1876
4. Place of Birth (Street and Number)	No 137 Penn st Baltimore
5. Full Name of Mother	Mary Nolan
6. Mother's Maiden Name	Mary McHugh
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Nolan
9. Father's Occupation	Labour
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Delaucher
Address	No 1 Lovett st 439.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether ~~Male or~~ Female)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 8th the 1876

4. *Place of Birth (Street and Number)* N. Chappel St. No 112.

5. *Full Name of Mother* Anna Greifzu

6. *Mother's Maiden Name* Anna Greifzu

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11901

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th June
4. Place of Birth (Street and Number)	Carmichael Alley No 44
5. Full Name of Mother	Ellen Leonard
6. Mother's Maiden Name	Ellen Shenelds
7. Mother's Birthplace	New York
8. Full Name of Father	William Leonard
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	8th of June 1876
4. Place of Birth (Street and Number)	5 N. Bethel St
5. Full Name of Mother	Margaret J. Edwin
6. Mother's Maiden Name	Margaret J. Clayton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. Edwin
9. Father's Occupation	Barber
10. Father's Birthplace	West Indies
Name of Medical Attendant, or other Person who makes this Return.	Mrs L. Walker
Address	No 94 O. Dallas St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11906

HEALTH DEPARTMENT
JUN 23 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* June 7 1876
4. *Place of Birth* (Street and Number) 10 Garden street
5. *Full Name of Mother* Mary E. Johnson
6. *Mother's Maiden Name* Mary E. Brown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Burton Johnson
9. *Father's Occupation* Horseler
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley

Address No 85 Orchard street

Remarks

11907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th	4th
1. Sex (state whether Male or Female)	Male	Male
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	June 9th	June 9th " 1876
4. Place of Birth (Street and Number)	177 E. Madison	177 E Madison
5. Full Name of Mother	Mrs Cora Olive	Cora Olive
6. Mother's Maiden Name	Miss Cora Thomas	" Thomas
7. Mother's Birthplace	Balto	Baltimore
8. Full Name of Father	Chas H. Olive	Chas H. Olive
9. Father's Occupation	Miller	Miller
10. Father's Birthplace	Balto	Baltimore
Name of Medical Attendant, or other Person who makes this Return.		Geo. B. Reynolds M.D.
Address		324 N. Calvert St
Remarks		

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 9th 1876
4. Place of Birth (Street and Number)	No 242 S Bethel stn.
5. Full Name of Mother	Eliza. Kahl
6. Mother's Maiden Name	Weis
7. Mother's Birthplace	& City
8. Full Name of Father	Henry Kahl
9. Father's Occupation	Laboror
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank stn.
Remarks	

11909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
17
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 9th 1876
4. *Place of Birth (Street and Number)* 42 S Stricker
5. *Full Name of Mother* Mrs Georgana Daly
6. *Mother's Maiden Name* Georgana Stokes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr John Daly
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Fullenkamp

Address No 573 West Lombard St

Remarks Doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9th 1876
4. Place of Birth (Street and Number)	Baltimore Clifford St No.
5. Full Name of Mother	Annie Golden
6. Mother's Maiden Name	Blutcher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Golden
9. Father's Occupation	Sailor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 103 Aisquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 9th 1876.

4. Place of Birth (Street and Number) 116 Bough st,

5. Full Name of Mother Maria Ellen Lewis

6. Mother's Maiden Name Maria Ellen Clark

7. Mother's Birthplace N. Hanover Co. Va.

8. Full Name of Father Thos. Lewis

9. Father's Occupation Pilot

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. John F. Heinmann M.D.

Address S.W. cor. Calvert & Read sts.

Remarks

RETURN OF A BIRTH.

11912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th June 76
4. Place of Birth (Street and Number)	12 Binney st
5. Full Name of Mother	Celia Mccarthy
6. Mother's Maiden Name	Celia Quinn
7. Mother's Birthplace	Limerick Ireland
8. Full Name of Father	Thos Mccarthy
9. Father's Occupation	Iron Puddler
10. Father's Birthplace	Limerick Ireland
Name of Medical Attendant, or other Person who makes this Return.	John F. Stevenson M.D.
Address	John Hunter Colvert & Read sts.
Remarks	Still born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

(state whether Male or Female) female

or Color (if not of the white race) Col'd

of Birth June 9

of Birth (Street and Number) Hospital 3 Balto City

Name of Mother Susan Thomas

er's Maiden Name

er's Birthplace Jupiter North Carolina

Name of Father William Thomas

er's Occupation Laborer

er's Birthplace Virginia Virginia

of Medical Attendant, or other Person who makes this Return. Asphurt Allen Clerk of Private

ess 142

rks Chas Ellicott

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 12th 1876
4. *Place of Birth* (Street and Number) No 28 Eager st
5. *Full Name of Mother* Carlone Krieger
6. *Mother's Maiden Name* Carlone Inman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Krieger
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Phillips

Address No 1-82 Monument St

Remarks

11915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	June the 9
4. Place of Birth (Street and Number)	W Lyon alley No 68
5. Full Name of Mother	Mary knock
6. Mother's Maiden Name	Mary Anderson
7. Mother's Birthplace	Talbot Co md
8. Full Name of Father	Peter W knock
9. Father's Occupation	Labern man
10. Father's Birthplace	Cecil co md
Name of Medical Attendant, or other Person who makes this Return.	Temporary Sidney
Address	45 peach alley Hanberg am. press
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 10 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th June 1876
4. Place of Birth (Street and Number)	288 Mc Donough St
5. Full Name of Mother	Georgeanna Weston
6. Mother's Maiden Name	" " Williams
7. Mother's Birthplace	Virginia
8. Full Name of Father	Napoleon B. Weston
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mellwell
Address	286 Mc Donogh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11.917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 9th 1876
4. Place of Birth (Street and Number)	87 Henrietta Street
5. Full Name of Mother	Augusta Schmitt
6. Mother's Maiden Name	A Schroeder
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Schmitt
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs M Steeny
Address	No 32 Leadenhall Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) Colord Male Child
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* June the 9 1876
4. *Place of Birth* (Street and Number) Baltimore Bradford Al No 1
5. *Full Name of Mother* Elezey Walker
6. *Mother's Maiden Name* Elezey Campher
7. *Mother's Birthplace* Dorchestor County Md
8. *Full Name of Father* John Walker
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dorchestor County Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Register St No 130

Remarks

RETURN OF A BIRTH.

11919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 9 of June 1876

4. Place of Birth (Street and Number) Balt No 231 Preston St

5. Full Name of Mother Amanda Oliver

6. Mother's Maiden Name Dorsey

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Adolphus Oliver

9. Father's Occupation Drayman

10. Father's Birthplace Carroll Co

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey Midwife

Address No 83 Oxford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
17
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 4th June
4. *Place of Birth (Street and Number)* 42 harmony lane
5. *Full Name of Mother* Mary [redacted] Bordley
6. *Mother's Maiden Name* mary Handy
7. *Mother's Birthplace* Winchester county Va
8. *Full Name of Father* Henry Bordley
9. *Father's Occupation* a Coachman
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if ~~not of the white~~ race)* Colored
3. *Date of Birth* June 9th 76
4. *Place of Birth (Street and Number)* 5th Colton St
5. *Full Name of Mother* Eliza Annie Gross
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Charles Edward Gross
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Laura Virginia Cole Midwife

Address 174 Vine St.

Remarks The Midwife states that the parties moved within 6 days after birth of child & that she could not them en order to get names & until today

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 9th 1876
4. Place of Birth (Street and Number)	48 Dawson Ally
5. Full Name of Mother	Sophie Hoppe
6. Mother's Maiden Name	" " Windus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hoppe
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1192.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 9 16
4. *Place of Birth (Street and Number)* Low Str 108
5. *Full Name of Mother* Pauline Gardner
6. *Mother's Maiden Name* Nathanson
7. *Mother's Birthplace* New York
8. *Full Name of Father* Abraham Gardner
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Basilie Berinsky

Address 113 E. Lombard Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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11924

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 12 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 9th 1876
4. *Place of Birth (Street and Number)* No 9 Constitution St
5. *Full Name of Mother* Mary Nevin
6. *Mother's Maiden Name* " Farrell
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Nevin
9. *Father's Occupation* Porter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A Schramm

Address 129 E. Monument St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
10
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th June 1876
4. Place of Birth (Street and Number)	S. Eden St.
5. Full Name of Mother	Mary Funk
6. Mother's Maiden Name	Priester
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Funk
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Parker
Address	22 E Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11926

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9th 1876
4. Place of Birth (Street and Number)	Cor Dennead & Charles Sts
5. Full Name of Mother	Mrs Emma Child
6. Mother's Maiden Name	Emma Wales
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert W. Child
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	N. H. Keenan M.D
Address	131 N. Charles St
Remarks	Baltimore Md.

11927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 23 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 10th 1876.
4. Place of Birth (Street and Number)	corner Mulberry & Paca Streets
5. Full Name of Mother	Fanksale
6. Mother's Maiden Name	Haskale
7. Mother's Birthplace	Prussian
8. Full Name of Father	Hacksale
9. Father's Occupation	Baker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Sophia Vanel
Address	56. Paca St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) Black

3. Date of Birth June 16th. 1876

4. Place of Birth (Street and Number) No. 155 Hoffman St.

5. Full Name of Mother Jennie Stannard

6. Mother's Maiden Name

7. Mother's Birthplace Rockingham Virginia

8. Full Name of Father Allegh Tinnate

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Dr. L. K. Merrick Wm Gunn

Address No. 131 N Bedde St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1876
4. Place of Birth (Street and Number)	87 Green St
5. Full Name of Mother	Jane Markham
6. Mother's Maiden Name	McDonald
7. Mother's Birthplace	England
8. Full Name of Father	Edward Markham
9. Father's Occupation	Coachman
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Charles Lownes M.D.
Address	59 Cathedral St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11930
11931

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) The first Twin

1. *Sex* (*state whether Male or Female*) two Girls

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* June 10. June 1876.

4. *Place of Birth* (*Street and Number*) 791 W. Baltimore Street

5. *Full Name of Mother* Mary Lange

6. *Mother's Maiden Name* Miss Summerkamp Schroeder

7. *Mother's Birthplace* Penn Dutchess Germany

8. *Full Name of Father* Paul Romanus Lange

9. *Father's Occupation* Restaurant and Lagerbeer

10. *Father's Birthplace* Fatherland Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Damler

Address 60 N Schroeder St

Remarks

11932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
16
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* June 10 1876
4. *Place of Birth (Street and Number)* 110 Hanover court
5. *Full Name of Mother* Elizabeth smith
6. *Mother's Maiden Name* Elizabeth read
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* William Henry reed
9. *Father's Occupation* Barber
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Maria Potter

Address Aisquith

Remarks resides 141 Bruce street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) B

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ballard
3. *Date of Birth* June the .0
4. *Place of Birth (Street and Number)* main St 4
5. *Full Name of Mother* Mary Mot Donnil
6. *Mother's Maiden Name* Mary McDonnel
7. *Mother's Birthplace* Seterril
8. *Full Name of Father* Jame more
9. *Father's Occupation* Mater
10. *Father's Birthplace* Embrige

Name of Medical Attendant, or other Person who makes this Return. rabbe Dalhom

Address 32 Par St

Remarks

11934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 June
4. Place of Birth (Street and Number)	282 Barre St
5. Full Name of Mother	Mary Sindall
6. Mother's Maiden Name	Mary Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Washington Sindall
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Maria Goodman
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th
4. Place of Birth (Street and Number)	336 Lexington St
5. Full Name of Mother	Pettie Stein
6. Mother's Maiden Name	Pettie Schiff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Levi Stein
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Schatkin
Address	148 Mulberry St
Remarks	Child premature

rect Record of Vital Statistics in the City of Baltimore.

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11936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 10th 76
4. Place of Birth (Street and Number)	14 Johns alley
5. Full Name of Mother	Ann Myers
6. Mother's Maiden Name	Fredrick Co
7. Mother's Birthplace	John Myers
8. Full Name of Father	Hod carrier
9. Father's Occupation	Carroll Co
10. Father's Birthplace	Wm Parker
Name of Medical Attendant, or other Person who makes this Return.	14 3 n. Eutaw
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 June
4. *Place of Birth (Street and Number)* 139 Gough St
5. *Full Name of Mother* Susanna Grasmeck
6. *Mother's Maiden Name* Fichnick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Grasmeck
9. *Father's Occupation* Tarein
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Lisner

Address No 70 Granby Street

Remarks

Record of Vital Statistics in the City of Baltimore.

...t any physician, accoucheur, midwife, or other person in charge, who shall attend; assist or ...e City of Baltimore, shall report to the registrar aforesaid, ...e at the birth of any child, within the City of Baltimore, ...y the date of birth, sex, and color of the child or children ... within six days thereafter, stating distinctly the ... born or not, the full name, nativity, and residence ... born, its or their physical condition, whether ... of the parents, and the maiden name of the mo... of such child or children.

11935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 10th June

4. *Place of Birth (Street and Number)* Lanvale Alley No 23

5. *Full Name of Mother* Lizzie Shellen

6. *Mother's Maiden Name* Lizzie Grill

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* John Sheller

9. *Father's Occupation* Labor

10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Brune

Address 114 Bakery Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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11939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JS
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A.

1. *Sex (state whether Male or Female)* Samel.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 10. 1876.
4. *Place of Birth (Street and Number)* 1K 93 [redacted] ugen Street
5. *Full Name of Mother* Augusta [redacted] Brecker
6. *Mother's Maiden Name* Augusta Deske
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Friedrich Brecker.
9. *Father's Occupation* Glasblaser
10. *Father's Birthplace* Germanie.

Name of Medical Attendant or other Person who makes this Return. [redacted]

Address [redacted]

Remarks [redacted]

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 10th 1876
4. *Place of Birth (Street and Number)* No 103 Plum Alley
5. *Full Name of Mother* Mary Bird
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wolfgan Aires
9. *Father's Occupation* Laberer
10. *Father's Birthplace* Balto City Laurel Kenerty

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 131 Burgundy alley

Remarks born at 9 Oclock a m in a very feable condition I tried to save it but it died the Born

11941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Mary ann 6th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* monday night
4. *Place of Birth (Street and Number)* Bayer st No 10
5. *Full Name of Mother* Mary Ross
6. *Mother's Maiden Name* Mary F Ennis
7. *Mother's Birthplace* Eastern Shore Dorchester County Md
8. *Full Name of Father* Thomas Ross
9. *Father's Occupation* Boxer
10. *Father's Birthplace* Eastern Shore Dorchester County Md

Name of Medical Attendant, of other Person who makes this Return. Charlotte emmits

Address Durham N C

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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11942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	"	4th
1. Sex (state whether Male or Female)	"	Male
2. Race or Color (if not of the white race)	"	White
3. Date of Birth	"	June 10th 1876
4. Place of Birth (Street and Number)	"	172 High-Street
5. Full Name of Mother	"	Mary Rooney
6. Mother's Maiden Name	"	Sadlek
7. Mother's Birthplace	"	Baltimore M.D.
8. Full Name of Father	"	Patrick Rooney
9. Father's Occupation	"	Carrier
10. Father's Birthplace	"	Ireland
Name of Medical Attendant, or other Person who makes this Return.		Ursula Chrissmer
Address		129 E. Monument-St-
Remarks		City

rect Record of Vital Statistics in the City of Baltimore.

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11913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. JUN 12 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 10th 1876
4. Place of Birth (Street and Number)	75. Hill Street
5. Full Name of Mother	Mina Pressko
6. Mother's Maiden Name	" " Kluck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles F Pressko
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 11th 1876
4. Place of Birth (Street and Number)	No 272 S Caroline str
5. Full Name of Mother	Bertha Wolfram
6. Mother's Maiden Name	Rosher
7. Mother's Birthplace	Germany
8. Full Name of Father	John Wolfram
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	No 120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	No 327 East Lombard
3. Date of Birth	June 11th 1876
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Maria Bibl
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	City
8. Full Name of Father	Frank Bibl
9. Father's Occupation	Cutler
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 11

4. Place of Birth (Street and Number) 93 Stirling st

5. Full Name of Mother Susan Jane Tatum

6. Mother's Maiden Name Susan Jane Boam

7. Mother's Birthplace Baltimore

8. Full Name of Father John Tatum

9. Father's Occupation Waiter

10. Father's Birthplace virginia

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Tatum
healthy child

Address

Remarks no 82 last

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11th 1876
4. Place of Birth (Street and Number)	No 180 Saratoga St.
5. Full Name of Mother	Luella C. Hamilton
6. Mother's Maiden Name	do do Merker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Hamilton
9. Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1.11915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th June
4. *Place of Birth (Street and Number)* 258 W Fayette St
5. *Full Name of Mother* Julia Brewer
6. *Mother's Maiden Name* Julia Sullivan
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George G. Brewer
9. *Father's Occupation* Physician
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M.D

Address 258 W Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11 1876
4. Place of Birth (Street and Number)	Baltimore Parish st Nos
5. Full Name of Mother	Augusta L Hopkins
6. Mother's Maiden Name	Augusta L Bland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Paul Hopkins
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs J Freburger 166 Pratt st
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 4th 1876
4. *Place of Birth (Street and Number)* No 69 N. Amity St.
5. *Full Name of Mother* Elisabeth Kerrman
6. *Mother's Maiden Name* Elisabeth Kedrich
7. *Mother's Birthplace* Rastadt Germany
8. *Full Name of Father* Charles Kerrman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Wolferstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunlop

Address 60 N. Schroeder St

Remarks

Extract from Regulations of the Board of Health in relation to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 11th 1876
4. Place of Birth (Street and Number)	10 Biddle Alley
5. Full Name of Mother	Maggie Gerb
6. Mother's Maiden Name	" " Waidner
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	August Gerb
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Cincinnati Ohio
Name of Medical Attenddnt, or other Person who makes this Return.	Annie Messenger (Midwife)
Address	214 Preston St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11932

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11th 1876
4. Place of Birth (Street and Number)	No 138 N. Bethel Balt.
5. Full Name of Mother	Emma Klöpfel
6. Mother's Maiden Name	Emma Wälenshen
7. Mother's Birthplace	Prussia Germany
8. Full Name of Father	Hermann Klöpfel
9. Father's Occupation	Carpenter
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A Bull
Address	No 209 Monument St. Cor Central ave Balt.
Remarks	Allwell

11953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th June
4. Place of Birth (Street and Number)	Light St No 383
5. Full Name of Mother	Mary Ebering.
6. Mother's Maiden Name	Mary Walnar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip F. Ebering
9. Father's Occupation	Schumacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 125
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 11 of june
4. *Place of Birth (Street and Number)* 84 Harmony Lane
5. *Full Name of Mother* adeline golden
6. *Mother's Maiden Name* adeline Haris
7. *Mother's Birthplace* Dorchester county Md
8. *Full Name of Father* George Golden
9. *Father's Occupation* Laborer
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 11 d. 1876
4. Place of Birth (Street and Number)	172 Chesnut Stret.
5. Full Name of Mother	Marie Tschindy
6. Mother's Maiden Name	Herman.
7. Mother's Birthplace	Germane
8. Full Name of Father	Friedrig Tschindy
9. Father's Occupation	Filz Cutter
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie Rv Rudiger
Address	134 N. Bond Stret
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 11. 1876.
4. *Place of Birth (Street and Number)* no 6 Jews Alley
5. *Full Name of Mother* Susan Young
6. *Mother's Maiden Name* Susan Doughty
7. *Mother's Birthplace* Northampton County Va.
8. *Full Name of Father* Joseph H Young
9. *Father's Occupation* Caterer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 29 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 12th 1876
4. *Place of Birth (Street and Number)* 60 Burgundy alley
5. *Full Name of Mother* Mazlyn Armstrong
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* James H Armstrong
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Frederick City MD

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy alley

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12th 1876
4. *Place of Birth (Street and Number)* Lemon St No 80
5. *Full Name of Mother* —
6. *Mother's Maiden Name* Lizzi Lelah
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Clarenz Jonson
9. *Father's Occupation* Doctor
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 29 Monro St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2/nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12th June 1876.
4. Place of Birth (Street and Number)	204 John St
5. Full Name of Mother	Florence V. Norris
6. Mother's Maiden Name	Florence V. Roberts
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Richard S. Norris
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	204 John St Bet Caroline & Eden
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 12 1876
4. Place of Birth (Street and Number)	Baltimore stricker st No 107
5. Full Name of Mother	Margaret Weber
6. Mother's Maiden Name	Morgart Wigner
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	George B Weber
9. Father's Occupation	Engineer
10. Father's Birthplace	Washington D C MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fruburger
Address	764 Pratt
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5c
1. Sex (state whether Male or Female)	4 Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 June 1876
4. Place of Birth (Street and Number)	Baltimore Parish st 46
5. Full Name of Mother	Barbary J Taylor
6. Mother's Maiden Name	Barbary J Rogers
7. Mother's Birthplace	Page C Va
8. Full Name of Father	J W Taylor
9. Father's Occupation	Fireman
10. Father's Birthplace	Page C Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs J Fruburger 766 Sutt
Address	Mrs. M M Faben Parish 810
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12 - 1876
4. Place of Birth (Street and Number)	No 236 Argyle Av
5. Full Name of Mother	Mary Louisa Goodrich
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Calvin Jacob Kemp
9. Father's Occupation	Merchant
10. Father's Birthplace	New Windsor Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. Richardson
Address	87 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 of June
4. *Place of Birth (Street and Number)* Ensor St No 169
5. *Full Name of Mother* Frances Heller
6. *Mother's Maiden Name* Frances Beam
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Friedrich Heller
9. *Father's Occupation* Tagliöner
10. *Father's Birthplace* born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Quinzer Miller

Address Stirling St No 165.

Remarks

RETURN OF A BIRTH.

11961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth June 15th 1876

4. Place of Birth (Street and Number) 333 Lemmon between Carlton & Fulton

5. Full Name of Mother Mary L. Gleis

6. Mother's Maiden Name Mary L. Gleis

7. Mother's Birthplace Hollidaysburg Pa

8. Full Name of Father John Gleis

9. Father's Occupation Iron Worker

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. Elizabeth Gray

Address 173 South Chester St

Remarks Healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11965

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* = Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12 - 1876
4. *Place of Birth (Street and Number)* Hollins Street No 223
5. *Full Name of Mother* Laura A. V. Disney
6. *Mother's Maiden Name* Laura V Goodrich
7. *Mother's Birthplace* Sts Marys County md
8. *Full Name of Father* Joseph A Disney
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Anne Arundle County

Name of Medical Attendant, or other Person who makes this Return. Miss Dunker

Address 60 N. Schroeder St

Remarks

11966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 12th 1876
4. Place of Birth (Street and Number)	235 Preston St
5. Full Name of Mother	Maggie Albert
6. Mother's Maiden Name	" Bauerlein
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Chas G Albert
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Wiesengoble (Midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th 1876
4. Place of Birth (Street and Number)	1 51 Luzerne St. Bang. Garrett's
5. Full Name of Mother	Bany Cornes
6. Mother's Maiden Name	Baltimore County
7. Mother's Birthplace	James Garrett
8. Full Name of Father	Plasterer
9. Father's Occupation	Baltimore County
10. Father's Birthplace	Rachel A Garrett
Name of Medical Attendant, or other Person who makes this Return.	
Address	ye 435 Abbie Anna St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 12th 1876
4. *Place of Birth (Street and Number)* 32 Stirling St.
5. *Full Name of Mother* Ann Louisa Gibbs
6. *Mother's Maiden Name* Ann Louisa Anderson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Henry Gibbs
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Caroline Co Va

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N Liberty St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12 1876
4. *Place of Birth (Street and Number)* 15 n. Wolf St.
5. *Full Name of Mother* Elisabeth Funk
6. *Mother's Maiden Name* Elisabeth, Shaf
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Joseph Funk
9. *Father's Occupation* Laborer,
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. D. Loadenes

Address 202 Durham St.

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 June 1876
4. *Place of Birth (Street and Number)* 178 S. Madeira Alley
5. *Full Name of Mother* Louisa Amerheim
6. *Mother's Maiden Name* Louisa Kreidel
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* G. Amerheim
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. W. Lederer

Address 20 S. Durham St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12 - 1876
4. Place of Birth (Street and Number)	138 S. Pace St
5. Full Name of Mother	Esther Marks
6. Mother's Maiden Name	Esther Samuels
7. Mother's Birthplace	Sunderland - Durham England
8. Full Name of Father	Hyman Marks
9. Father's Occupation	Tailor
10. Father's Birthplace	Plotzk Poland
Name of Medical Attendant, or other Person who makes this Return.	C. C. McDowell M.D.
Address	290 Madison ave
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ds & Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 12th 1876
4. *Place of Birth (Street and Number)* Mullikin St. S. W. corner of Dallas St. no. Num
5. *Full Name of Mother* Lizzie Rappold
6. *Mother's Maiden Name* Lizzie Schäfer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Enos Rappold
9. *Father's Occupation* Broom Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth June 12 '76

4. Place of Birth (Street and Number) No 9 E Balto [illegible]

5. Full Name of Mother Ida E. Fernandis,

6. Mother's Maiden Name Ida R. Lautenbach,

7. Mother's Birthplace Balto City,

8. Full Name of Father Geo. Fernandis,

9. Father's Occupation Coll. Sts.

10. Father's Birthplace Balto City,

Name of Medical Attendant, or other Person who makes this Return. John S. L. Kriger, M.D.

Address

Remarks

11974

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL
14
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12th 1876
4. *Place of Birth (Street and Number)* N.E. Corner Douglas & Forrest Sts
5. *Full Name of Mother* ~~Catherine~~ Margaret McDonald
6. *Mother's Maiden Name* Morgan Carey
7. *Mother's Birthplace* County of Cork Ireland
8. *Full Name of Father* Michael McDonald
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* County of Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D

Address No 114 Park Ave.

Remarks

Return of Registration of the Births in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 13th 1876
4. Place of Birth (Street and Number)	164 Vine Street Baltimore
5. Full Name of Mother	Virginia Lee 23 years
6. Mother's Maiden Name	Virginia Ridgley
7. Mother's Birthplace	Georgetown. D.C.
8. Full Name of Father	Hannibal Lee 26 years
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Laura Cole 174 Vine St
Address	Born alive 174 Vine St
Remarks	

That the Regulations of the Board of Health require a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 13th 1876
4. Place of Birth (Street and Number)	No 40 Bradford alley
5. Full Name of Mother	Sanzy Lindner
6. Mother's Maiden Name	" Gast
7. Mother's Birthplace	Germany
8. Full Name of Father	John Lindner
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Thos E Bushmann
Address	120 Bank st.
Remarks	

Extract from Sanitary Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 13th
4. Place of Birth (Street and Number)	Boston Street No 81
5. Full Name of Mother	Mary White
6. Mother's Maiden Name	Mary Dirhaus
7. Mother's Birthplace	Germany
8. Full Name of Father	Robert White
9. Father's Occupation	Seaman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley call in Stanley
Address	No 12 Paterson Park Avenue
Remarks	

Extract Regulations of the Board of Health relating to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 2

1. *Sex* (state whether *Male* or ~~*Female*~~) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* June 13 76

4. *Place of Birth* (Street and Number) 2 Scott Pl

5. *Full Name of Mother* Mary Murphy

6. *Mother's Maiden Name* O'Keife

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Jerome Murphy

9. *Father's Occupation* Moulder

10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. A. L. Dorsett

Address 379 W. Lombard

Remarks

Earnest Requirements of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colod
3. *Date of Birth* tuesday 13 of June
4. *Place of Birth (Street and Number)* 168 Eyton Street
5. *Full Name of Mother* not married
6. *Mother's Maiden Name* Rebecca Newman
7. *Mother's Birthplace* Lewrpse Alley
8. *Full Name of Father* Wiliam Sims
9. *Father's Occupation* Stad
10. *Father's Birthplace* Spring Strat 134

Name of Medical Attendant, or other Person who makes this Return. Adline Moody

Address no 15 Lower Alley

Remarks

Extract from Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 13th 1876
4. Place of Birth (Street and Number)	302 Cross st.
5. Full Name of Mother	Francisca Bloom
6. Mother's Maiden Name	Sander.
7. Mother's Birthplace	Germany
8. Full Name of Father	Cristian Bloom
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaser midwife
Address	218 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Section 12 of the Code of Public Local Laws of Baltimore City, relating to the Registration of Births and Deaths.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 (one) "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 13th 1876
4. Place of Birth (Street and Number)	158 Battery av.
5. Full Name of Mother	Alice Mitchell Barnett
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	Marion Mitchell
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor. Hanover & Barre sts
Remarks	

RETURN OF A BIRTH.

11982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 13th 1876
4. Place of Birth (Street and Number)	264 Hamburg St
5. Full Name of Mother	Augusta Prop
6. Mother's Maiden Name	" Winder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Prop
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münich
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	5th.
1. Sex (*state whether Male or Female*)	Female.
2. Race or Color (*if not of the white race*)	White.
3. Date of Birth	June 13. 1876.
4. Place of Birth (*Street and Number*)	36 Fawn St.
5. Full Name of Mother	Virginia Crawford.
6. Mother's Maiden Name	Virginia Haller
7. Mother's Birthplace	York Pa.
8. Full Name of Father	A. Aitken Crawford.
9. Father's Occupation	Freight Agent P.W. & B.R.R.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	In.! F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* M. Boy

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* born the 13th of June 1876

4. *Place of Birth (Street and Number)* 62 North chappel st

5. *Full Name of Mother* Rosalia Fiebes

6. *Mother's Maiden Name* Rosalia Dirbeck

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Serge Dirbeck

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North chappel st for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11985

6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	M White
3. Date of Birth	13 June 1876
4. Place of Birth (Street and Number)	329 Bond St
5. Full Name of Mother	Ann Clark
6. Mother's Maiden Name	Ann Hetter
7. Mother's Birthplace	Holland
8. Full Name of Father	Richard D Clark
9. Father's Occupation	Labourer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	name of the Boy John Albert Clark
Remarks	the child is Healthy

11986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 13th 1876
4. Place of Birth (Street and Number)	120 Warner St
5. Full Name of Mother	Fanny Miller
6. Mother's Maiden Name	Neubauer
7. Mother's Birthplace	Balto City
8. Full Name of Father	Isaac Miller
9. Father's Occupation	Shearcutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. H. Emery
Address	76 Paca St
Remarks	

Further Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11987

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	June 14th. 1876
4. Place of Birth (Street and Number)	132 Jackson Pl. Ave
5. Full Name of Mother	Rosa Kreasmith
6. Mother's Maiden Name	Goodman
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Kreasmith
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	S. S. Kuck Jr. M. D.
Address	Balt. & Wash. Rds.
Remarks	Natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 14th 1876
4. Place of Birth (Street and Number)	104 Lancaster st
5. Full Name of Mother	Eliza Drinks
6. Mother's Maiden Name	Biderbrosse
7. Mother's Birthplace	City
8. Full Name of Father	Paul Drinks
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bierschmann
Address	120 Bank st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 19 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	14th June 1876.
4. Place of Birth (Street and Number)	123 Caroline St.
5. Full Name of Mother	Lizzie Elgert
6. Mother's Maiden Name	Curz
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Wm. Elgert
9. Father's Occupation	agent
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cusper
Address	52 E Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) W

3. Date of Birth June 14. 1876.

4. Place of Birth (Street and Number) N. W Cor. Aisquith & Madison

5. Full Name of Mother Jennie Heath

6. Mother's Maiden Name " Boyd

7. Mother's Birthplace Balto Md.

8. Full Name of Father Chas Heath

9. Father's Occupation Confectioner

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 25 Franklin

Remarks Balto

RETURN OF A BIRTH.

11991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) C

3. Date of Birth June 14th

4. Place of Birth (Street and Number) 24 Lurman St

5. Full Name of Mother Susan Butler

6. Mother's Maiden Name " Mack

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo Butler

9. Father's Occupation Blacksmith

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Louis Reid

Address 24 Lurman St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14 th 1876
4. Place of Birth (Street and Number)	No - Castle St
5. Full Name of Mother	Louisa Uhle
6. Mother's Maiden Name	Louisa Feldner
7. Mother's Birthplace	Hesses Germany.
8. Full Name of Father	Conrad Uhl
9. Father's Occupation	Butcher
10. Father's Birthplace	Hesses Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. R. Butt
Address	No 209 Monument St. Cor Central Av. Butt
Remarks	Ale Well.

rect Record of Vital Statistics in the 'City of Baltimore.

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11993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4. Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 14 1876
4. *Place of Birth (Street and Number)* 259 S. Bond St.
5. *Full Name of Mother* Bertha Hubert.
6. *Mother's Maiden Name* Amelia Bertha Klee.
7. *Mother's Birthplace* Saxony Deutschland
8. *Full Name of Father* Aug Ludt Hubert
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Braunschweig.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 208 South Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) W

3. Date of Birth June 14

4. Place of Birth (Street and Number) 69 E. Washington

5. Full Name of Mother Agnes Grey

6. Mother's Maiden Name Agnes O'Brien

7. Mother's Birthplace Ireland

8. Full Name of Father Benj F. Grey

9. Father's Occupation Sergeant of Police

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Peter Morris M.D.

Address 5 Bowlen

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11995

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th June 1876
4. *Place of Birth (Street and Number)* 55 Biddle St.
5. *Full Name of Mother* Augusta Knochen
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E Lombard St.

Remarks

11996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14/76
4. Place of Birth (Street and Number)	5-S-Franklin St
5. Full Name of Mother	Julia E Trenholm
6. Mother's Maiden Name	Julia E Chisolm
7. Mother's Birthplace	Charleston S.C
8. Full Name of Father	Glover H. Trenholm
9. Father's Occupation	Merchant
10. Father's Birthplace	Charleston S.C
Name of Medical Attendant, or other Person who makes this Return.	F. J. Miles, M.D.
Address	14 Cathedral St
Remarks	

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11997

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* June the 14th. 1876

4. *Place of Birth* (Street and Number) No. 292. South Ann St.

5. *Full Name of Mother* Mary Nelson.

6. *Mother's Maiden Name* Mary McNammara.

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Peter Nelson

9. *Father's Occupation* Boarding house keeper

10. *Father's Birthplace* Austria

Name of Medical Attendant, or other Person who makes this Return. D. M. Sullivan, M.D.

Address 116 Thames St.

Remarks There seems to be good reason for stating that the Mother of the above birth is between 48 & 50 years of age.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 14th 1876
4. Place of Birth (Street and Number)	12 S. Bay st
5. Full Name of Mother	Rosine Paulus
6. Mother's Maiden Name	Wieland
7. Mother's Birthplace	America
8. Full Name of Father	Paul Paulus
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Bond st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 14 th 1876
4. Place of Birth (Street and Number)	255 Orleans St
5. Full Name of Mother	Sarah Elizabeth Commons
6. Mother's Maiden Name	Sarah Elizabeth McLaughlin
7. Mother's Birthplace	Cambridge Dorchester County Md
8. Full Name of Father	Harrison Commons
9. Father's Occupation	Labourer
10. Father's Birthplace	Talbot County Md.
Name of Medical Attendant, or other Person who makes this Return.	Henrietta Glasgow
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12.00

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	[illegible] Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14th 76
4. Place of Birth (Street and Number)	364 West Saratoga St
5. Full Name of Mother	Anna Rutlinger
6. Mother's Maiden Name	Anna Kirkner
7. Mother's Birthplace	No 4 Harmony Lane
8. Full Name of Father	Michael Rutlinger
9. Father's Occupation	Tailor
10. Father's Birthplace	Stangenroth Saxony
Name of Medical Attendant, or other Person who makes this Return	Mrs Trimler
Address	60 N. Schroeder St
Remarks	

12001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June the 14th 1876

4. *Place of Birth (Street and Number)* N. 3 Boyle ave.

5. *Full Name of Mother* Elizabeth Scott

6. *Mother's Maiden Name* Elizabeth Miller.

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Albert F. Scott

9. *Father's Occupation* Dyer & Scourer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Asst. Dumler

Address 60 N. Schroeder Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12002

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 15th 1876

4. Place of Birth (Street and Number) 108 Little Green St

5. Full Name of Mother Prudence Elizabeth Mewberry

6. Mother's Maiden Name Prudence Elizabeth Wall

7. Mother's Birthplace Baltimore

8. Full Name of Father Albert S. Mewberry

9. Father's Occupation Crab

10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. A. M. Collins

Address 166 S. Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14th 1876
4. Place of Birth (Street and Number)	1 Minden St
5. Full Name of Mother	Annie Keister
6. Mother's Maiden Name	" Struckman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Lewis Keister
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	A. A. Cooke M.D.
Address	Cor Lee & Hanover Sts
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12004

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14th 1876
4. Place of Birth (Street and Number)	180 Constitution St
5. Full Name of Mother	Bridget Reynolds
6. Mother's Maiden Name	Gilchriest
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Reynolds
9. Father's Occupation	Carter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Christmen
Address	129 E Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th June 1876
4. Place of Birth (Street and Number)	89 Place
5. Full Name of Mother	Medora Julianna Stalford
6. Mother's Maiden Name	Medora J Stewart
7. Mother's Birthplace	Balto
8. Full Name of Father	Jno Broderick Stalford
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	J. Wm Wells M D,
Address	18 S. Eutaw.
Remarks	2nd Position. Left shoulder, with arm protrusion. Version successful to both Mother & Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12,006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
17
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14th 1876
4. Place of Birth (Street and Number)	46 Woodyear St.
5. Full Name of Mother	Catherine Osburn
6. Mother's Maiden Name	Phillips
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Clay Osbourn
9 Father's Occupation	Machinist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	William Wallbrunn M.D.
Address	No. 10 N. Carey St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 June
4. *Place of Birth (Street and Number)* 19 Josephine St
5. *Full Name of Mother* Mary Jasoph
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Not Known.
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sarah Ann Hebron.

Address 59 Josephine Street E.C.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	14 June
4. Place of Birth (Street and Number)	53 S. Chapel St.
5. Full Name of Mother	Margretha Kramer
6. Mother's Maiden Name	Schwarz
7. Mother's Birthplace	Germany
8. Full Name of Father	John Kramer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Hall St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12009

HEALTH DEPARTMENT JUN 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (~~state whether Male~~ or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	June 14. 1876
4. Place of Birth (Street and Number)	206 Patterson av.
5. Full Name of Mother	Matilda Stonesifer
6. Mother's Maiden Name	Matilda Kenly
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	J. Nelson Stonesifer
9. Father's Occupation	Engineer
10. Father's Birthplace	Carroll Co Md
Name of Medical Attendant, or other Person who makes this Return.	A. Tinsley M.D
Address	454 N. Carey St City
Remarks	

12,010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 of June
4. Place of Birth (Street and Number)	Lexington St N 152
5. Full Name of Mother	Kate McGroern
6. Mother's Maiden Name	Kate Lynch
7. Mother's Birthplace	County Ireland
8. Full Name of Father	John McGroern
9. Father's Occupation	Labor.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th + 1 miscarriage
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	June 15. 1876
4. Place of Birth (Street and Number)	7 Wheatcroft St
5. Full Name of Mother	Rose E. Bush,
6. Mother's Maiden Name	Worthington,
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Geo W. Bush,
9. Father's Occupation	Bricklayer,
10. Father's Birthplace	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	J. L. Engle, M. D.
Address	247 Lawvale St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th June
4. Place of Birth (Street and Number)	98 Carroll Ave. St.
5. Full Name of Mother	Mrs. Lizzie C. Kepler.
6. Mother's Maiden Name	Miss Lizzie C. Thomas.
7. Mother's Birthplace	New Market, Frederick Co. Md.
8. Full Name of Father	Mr. H. C. Kepler.
9. Father's Occupation	Conductor of Pullman Car Co.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Ritchardson.
Address	Dock St. 212.
Remarks	Father was absent from the City

RETURN OF A BIRTH.

12013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth June 15th 1876

4. Place of Birth (Street and Number) 159 N Paca St

5. Full Name of Mother Sadie E Kilgour

6. Mother's Maiden Name Brohawn

7. Mother's Birthplace Dorchester Co

8. Full Name of Father John Kilgour

9. Father's Occupation Iron Founder

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. D H Gurney

Address 76 N Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* C White
3. *Date of Birth* June 15 1876
4. *Place of Birth (Street and Number)* 212 Franklin Street
5. *Full Name of Mother* Isabella Rutherford
6. *Mother's Maiden Name* Isabella Anderson
7. *Mother's Birthplace* Cumberland Maryland
8. *Full Name of Father* William H. Rutherford
9. *Father's Occupation* Machinest
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 85 orchard street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 17th 1876
4. Place of Birth (Street and Number)	366 Sharp St
5. Full Name of Mother	Christina Abel
6. Mother's Maiden Name	Mangler
7. Mother's Birthplace	New York
8. Full Name of Father	Henry Jan Abel
9. Father's Occupation	Piano maker
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Mary Smith
Address	325 St Paul St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	15th June 1876
4. Place of Birth (Street and Number)	11 Front St.
5. Full Name of Mother	Regina Lutz
6. Mother's Maiden Name	" Stecker
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Lutz
9. Father's Occupation	Shoe-maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	15th June 1876.
4. Place of Birth (Street and Number)	135 Eden St.
5. Full Name of Mother	Ellen Layer
6. Mother's Maiden Name	" Monehan
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Layer
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12,015

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d~~, 3d, ~~&c.~~*)

1. Sex (*state whether Male ~~or Female~~*)

2. Race or Color (*~~if not of the~~ white race*)

3. Date of Birth June 15th 1876

4. Place of Birth (*Street and Number*) No 344 E Fayette Balto Md

5. Full Name of Mother Martha Proctor

6. Mother's Maiden Name " Houston

7. Mother's Birthplace Balto Md

8. Full Name of Father Richard H Proctor

9. Father's Occupation Plasterer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. F. Ridgeway Andrews M.D

Address No 121 E Balto Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12019
12020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	(7th & 8th) (Twins)
1. Sex (state whether Male or Female)	both Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15th
4. Place of Birth (Street and Number)	No: 123 Hanover St
5. Full Name of Mother	Eliz^th Wagner
6. Mother's Maiden Name	Eliz^th Fabel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wagner
9. Father's Occupation	Restaurant
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Children (Living & Healthy)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12,021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Youth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th 1876
4. Place of Birth (Street and Number)	324 Penna Ave
5. Full Name of Mother	Annie Hock
6. Mother's Maiden Name	" King
7. Mother's Birthplace	Germany
8. Full Name of Father	A. J. Hock
9. Father's Occupation	Grade & Excavate
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Nuenzeke (midwife)
Address	214 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12022
12023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Twins Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15th 1876
4. Place of Birth (Street and Number)	339 Pennsylvania Ave
5. Full Name of Mother	Mary Kelly
6. Mother's Maiden Name	Reilly
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm H. Kelly
9. Father's Occupation	Drayman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula A. Chrismer
Address	129 E. Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 16 1876.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth June 15th 1876.
4. Place of Birth (Street and Number) 44 Gist St.
5. Full Name of Mother Katie Schlag.
6. Mother's Maiden Name Katie Diller.
7. Mother's Birthplace Germania.
8. Full Name of Father B. Schlag.
9. Father's Occupation Laborer.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Arnold.

Address 1 in 1378 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 16th 1876

4. Place of Birth (Street and Number) 12 Penn St

5. Full Name of Mother Christina Bauer

6. Mother's Maiden Name Hauptmann

7. Mother's Birthplace Germany

8. Full Name of Father Michael Bauer

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Wiegenstein

Address 214 Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th 1876
4. Place of Birth (Street and Number)	83 N. Ann st
5. Full Name of Mother	Sarah Egelson
6. Mother's Maiden Name	Trenshon
7. Mother's Birthplace	City
8. Full Name of Father	Thomas Egelson
9. Father's Occupation	Stevedore
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burshnann
Address	129 Bond st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 16 1876

4. *Place of Birth (Street and Number)* 52 N. Eutaw

5. *Full Name of Mother* Mary Jones

6. *Mother's Maiden Name* Mary Jones

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Jones

9. *Father's Occupation* U. S. Ganger

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. E. Magee

Address 52 N. Eutaw

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 8th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 16th of June 1876
4. *Place of Birth* (Street and Number) Forrelwich Av.
5. *Full Name of Mother* Barbara Hagmann
6. *Mother's Maiden Name* Barbara Ginner
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Vincent Hagemann
9. *Father's Occupation* Liquor Manufacturer
10. *Father's Birthplace* Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millar

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12029

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth June 16th 1876.

4. Place of Birth (Street and Number) 140 Cross St.

5. Full Name of Mother Alberline Wise.

6. Mother's Maiden Name " Walter

7. Mother's Birthplace Germany.

8. Full Name of Father Geo. C. Wise.

9. Father's Occupation Tobacconist.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M. D.

Address 15 S. Sharp St.

Remarks Child living.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. *Sex* (state whether Male or Female) ~~Male~~ Female
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 16 of Juin 1876.
4. *Place of Birth* (Street and Number) No 48. Pennce Avenue,
5. *Full Name of Mother* Wilmeane Reenhart,
6. *Mother's Maiden Name* Wilhelmen Wawre,
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Charels Reenhart,
9. *Father's Occupation* a Chawe maker,
10. *Father's Birthplace* in Germany,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger

Address No 14 Union st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether ~~Male~~ or Female)

2. Race or ~~Color~~ (~~If not~~ ~~of the~~ white race)

3. Date of Birth 16 June

4. Place of Birth (Street and Number) 131 Nord Howard.

5. Full Name of Mother E. M. Heikes

6. Mother's Maiden Name E M. Weaver

7. Mother's Birthplace Addams County Pen

8. Full Name of Father C. P. Heikes

9. Father's Occupation Attorney at Law.

10. Father's Birthplace York County

Name of Medical Attendant, or other Person who makes this Return. John J. Fitzer

Address 77 Nord Eutaw Baltimore.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

12032

SEP PART JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19th 1876
4. Place of Birth (Street and Number)	No 76 S Eden St.
5. Full Name of Mother	Catharina Harms
6. Mother's Maiden Name	Catharina Blumendaum
7. Mother's Birthplace	Cur Hessin Germany
8. Full Name of Father	Henry Harms
9. Father's Occupation	Tailor
10. Father's Birthplace	Cur Hesses Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address No 209. Monument	S. Cor Central Avenue Butt.
Remarks	

12039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June d 16 1876
4. *Place of Birth (Street and Number)* 122 N. Bond Street
5. *Full Name of Mother* Liesabeth Rst
6. *Mother's Maiden Name* Liesabeth Wilkens
7. *Mother's Birthplace* Baltimor M. d.
8. *Full Name of Father* Frank Rst
9. *Father's Occupation* Kaberiter
10. *Father's Birthplace* Harfortcont. M. d.

Name of Medical Attendant, or other Person who makes this Return. Mari R. Rudiger

Address 134 N. Bond Stret Baltimor

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The eighth Child

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth 16th June.

4. Place of Birth (Street and Number) 1724 Johnson St.

5. Full Name of Mother Mary Crofut.

6. Mother's Maiden Name Mary Evans.

7. Mother's Birthplace Ohio.

8. Full Name of Father William H. Crofut.

9. Father's Occupation Laborer

10. Father's Birthplace Albany Co. N.Y.

Name of Medical Attendant, or other Person who makes this Return. Dr. Brune.

Address No 114 Bethel Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth June. 16th 1876

4. Place of Birth (Street and Number) E. Fayette St. No, 247.

5. Full Name of Mother Georgiana T. Fields

6. Mother's Maiden Name Georgiana T. Barnes

7. Mother's Birthplace Baltimore City.

8. Full Name of Father William T. Fields

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 16th June 1876
4. *Place of Birth* (Street and Number) 210 Bernard st
5. *Full Name of Mother* Cathrina Saur
6. *Mother's Maiden Name* Cathrina Hertz
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Conrad Saur
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. H Lederer

Address 203 S. Durham st.

Remarks

Extract Regulations of the Board of Health relative to Returns and Certificates in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children born
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 of June
4. Place of Birth (Street and Number)	corner St. & No. 149
5. Full Name of Mother	Anna Fritz
6. Mother's Maiden Name	Anna Wagner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Fritz
9. Father's Occupation	Tuber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 125
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th June
4. Place of Birth (Street and Number)	No. 10 Patterson Park Ave.
5. Full Name of Mother	Catherine. B. Hoffman
6. Mother's Maiden Name	" Krug
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Andrew Hoffman
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one female

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) of Colord Race
3. *Date of Birth* 16 of June
4. *Place of Birth* (Street and Number) Hayett Street Baltimore c/o 182 m E
5. *Full Name of Mother* Demandz Pinket
6. *Mother's Maiden Name* Do
7. *Mother's Birthplace* Dorchester County c/o 168
8. *Full Name of Father* Not None
9. *Father's Occupation* Not None
10. *Father's Birthplace* Not None

Name of Medical Attendant, or other Person who makes this Return. Lucindy Woolford

Address Register Streat 130 Baltimore c/o E

Remarks Non

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th June 1876
4. Place of Birth (Street and Number)	18 Front St.
5. Full Name of Mother	Lizabeth Huntington Cole
6. Mother's Maiden Name	"
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Henry Huntington
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carpet
Address	Sarah Cc 326 Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

120111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d~~, 3d, &c.) 4 4th Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* the 16th, June

4. *Place of Birth (Street and Number)* No 3 Fine alley 1876

5. *Full Name of Mother* Rosa Lockwood

6. *Mother's Maiden Name* Rosa Lowery

7. *Mother's Birthplace* Norfolk

8. *Full Name of Father* John Lowery

9. *Father's Occupation* Whaler

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Wilson

Address No 70 Lexington Street

Remarks Mother Died during Birth

Extract Regulations of the Board of Health and Rules and Regulations for the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 16th 1876

4. *Place of Birth (Street and Number)* No. 261 Bank St

5. *Full Name of Mother* Ellen Jane Dennett

6. *Mother's Maiden Name* Shields

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Dennis Mc Dermott

9. *Father's Occupation* Steve-Riveter

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. J. Gatchell M.D.

Address 2 Hill

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Secondy.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 16. 1876
4. *Place of Birth (Street and Number)* 175 Stirling St. Balto. Md.
5. *Full Name of Mother* Kate E. Grean.
6. *Mother's Maiden Name* " " Lally
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William L. Grean.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M. D.

Address 35 Jackson Sq. Ave. Balto.

Remarks

Extract Regulations of the Board of Health of Baltimore, requiring the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

120411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th. 1876
4. Place of Birth (Street and Number)	N 166 Sharp st
5. Full Name of Mother	Louise Lohrmann
6. Mother's Maiden Name	Sidmeier
7. Mother's Birthplace	America
8. Full Name of Father	George Lohrmann
9. Father's Occupation	Baker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	213 Cross st J. Lohmeyer midwife
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th 1876
4. Place of Birth (Street and Number)	No 6 Battles st.
5. Full Name of Mother	Anna Baldolf
6. Mother's Maiden Name	Hedgither
7. Mother's Birthplace	Amerika
8. Full Name of Father	Louis Baldolf
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	13 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16 - 1876
4. Place of Birth (Street and Number)	1032 Marion St
5. Full Name of Mother	Isabella Shipley
6. Mother's Maiden Name	Reese
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Wm Shipley
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Rigdon
Address	89 Mulberry St
Remarks	

Extract Regulations of the Board of Health relative to Returns of Births and Deaths to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12047

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1876
4. Place of Birth (Street and Number)	27 Covington st
5. Full Name of Mother	Emma Smith
6. Mother's Maiden Name	" Barnes
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Smith
9. Father's Occupation	Shipwright
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cook M. D.
Address	Cor Lee & Hanover sts
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 17th 1876
4. Place of Birth (Street and Number)	914 Charles Street
5. Full Name of Mother	Margereta Scholz
6. Mother's Maiden Name	" " Edinlein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Scholz
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 17th
4. Place of Birth (Street and Number)	113 German St
5. Full Name of Mother	Rachel Frank
6. Mother's Maiden Name	Rachel Cohen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Sol. Frank
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Lenkard
Address	148 Mulberry St
Remarks	Child living & healthy

Extract Regulations of the Board of Health of Baltimore in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	7th June 1876
4. Place of Birth (Street and Number)	Oregon St.
5. Full Name of Mother	Sarah Elizabeth Robinson
6. Mother's Maiden Name	Shipley
7. Mother's Birthplace	a a Co Md.
8. Full Name of Father	Thornton F. Robinson
9. Father's Occupation	Plasterer.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Chas. W Hamilton MD
Address	
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother Mary Barbara

6. Mother's Maiden Name Mary Schmidt

7. Mother's Birthplace Germany

8. Full Name of Father John Baumert

9. Father's Occupation

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Health Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 June
4. Place of Birth (Street and Number)	221 Hudson st. Canton
5. Full Name of Mother	Rosaca De La Palma Esdale
6. Mother's Maiden Name	Rosaca De La Palma Defield
7. Mother's Birthplace	Lewistown Pa U S
8. Full Name of Father	James Esdale
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Ottawa Can
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address	104 Curley st Canton
Remarks	

Extract from Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12053

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 of June
4. Place of Birth (Street and Number)	Jonson St N. 122
5. Full Name of Mother	Elizabeth Hauth
6. Mother's Maiden Name	Elizabeth Marshall
7. Mother's Birthplace	Wayneread
8. Full Name of Father	John Hauth
9. Father's Occupation	Labor
10. Father's Birthplace	Ayaus.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St N 120
Remarks	

12054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 17th
4. Place of Birth (Street and Number)	241 Sharp St
5. Full Name of Mother	Margaretha Meier
6. Mother's Maiden Name	Zobel
7. Mother's Birthplace	Kurhessen
8. Full Name of Father	Otto Meier
9. Father's Occupation	Brass moulder
10. Father's Birthplace	Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Harry Hoke
Address	225 S Eutaw St.
Remarks	Balto

Extract from Regulations of the Board of Health of the City of Baltimore.

Duties of Physicians, Midwives, and Others, in Relation to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 17th June 1876
4. *Place of Birth (Street and Number)* 81 L. Broadway
5. *Full Name of Mother* Ema Gordon
6. *Mother's Maiden Name* Ema Jackson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George. Gordon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Hailer.

Address 94 So Dallas St

Remarks

Extract Regulations of the Board of Health relating to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 June 1876
4. *Place of Birth (Street and Number)* 46 S. Central Ave.
5. *Full Name of Mother* Hamel
6. *Mother's Maiden Name* Kuntz
7. *Mother's Birthplace* Darmstadt
8. *Full Name of Father* John Hamel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Th Lederer

Address 238 Durham St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* June 17th 1876.

4. *Place of Birth* (Street and Number) 220 E. Madison St.

5. *Full Name of Mother* Ida Antoinette Edmondson

6. *Mother's Maiden Name* Peake

7. *Mother's Birthplace* Baltimore.

8. *Full Name of Father* Leonidas Hunt Edmondson

9. *Father's Occupation* Grocer & Bookkeeper

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. C. Stein, Ph. D.

Address 195 N. Eden St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	19th 1876 June
4. Place of Birth (Street and Number)	Balto Hamburg Street 190
5. Full Name of Mother	hester grant
6. Mother's Maiden Name	hester
7. Mother's Birthplace	Balt
8. Full Name of Father	John Grant
9. Father's Occupation	a shoe maker
10. Father's Birthplace	harford County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary Keen.
Address	190 during Hamburg Street
Remarks	Hamburg Street 190 Baltimore

Extract from Regulations of the Board of Health relative to securing a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1876
4. Place of Birth (Street and Number)	33 Pratt St
5. Full Name of Mother	Annie E. Pruett
6. Mother's Maiden Name	" " Sugars
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry Pruett
9. Father's Occupation	National Hotel
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Rose
Address	16 S. Hunter
Remarks	Holland St Cor

Register Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12069

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 | 1

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* June 17

4. *Place of Birth* (Street and Number) [redacted] Lap st 102

5. *Full Name of Mother* Eliza Richerson

6. *Mother's Maiden Name* Eliza Denison

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Richerson

9. *Father's Occupation* drayman

10. *Father's Birthplace* Harford Co

Name of Medical Attendant, or other Person who makes this Return. mrs Lesh patterson

Address no 32 short

Remarks healthy child

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth June 14th 1876

4. Place of Birth (Street and Number) No 462 N. Lombard St

5. Full Name of Mother Dorothy Ellen Duvall

6. Mother's Maiden Name " " Buesard

7. Mother's Birthplace Carroll Co. Md.

8. Full Name of Father Dennis Duvall

9. Father's Occupation Telegraph Operator

10. Father's Birthplace Florida

Name of Medical Attendant, or other Person who makes this Return. L. L. Spradmore

Address 879 N. Lombard St

Remarks

Duties of Registrars of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12,062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 17th 1876
4. Place of Birth (Street and Number)	No 181 Eastern ave
5. Full Name of Mother	Susan Kastner
6. Mother's Maiden Name	Lauman
7. Mother's Birthplace	Germany
8. Full Name of Father	Anton Kastner
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Extract from Regulations of the Board of Health relating to Returns of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 17th 1876
4. Place of Birth (Street and Number)	415 W. Fayette
5. Full Name of Mother	Susan Ruckle
6. Mother's Maiden Name	Steever
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Oscar Ruckle
9. Father's Occupation	Merchant (Tobacco)
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Saml. T. Knight M.D.
Address	112 N. Greene
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 17 76
4. Place of Birth (Street and Number)	No 424 Fayette st.
5. Full Name of Mother	Margreth K. Meiser.
6. Mother's Maiden Name	Schneider.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Sherman Meiser.
9. Father's Occupation	Locksmith and Bailing mate
10. Father's Birthplace	Frankenberg
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dumler
Address	
Remarks	

12065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 17th 1876
4. Place of Birth (Street and Number)	26 Albemarle
5. Full Name of Mother	Anna Susanna Lemken
6. Mother's Maiden Name	" " Hessler
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Herman Augustus Lemken
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	P. G. Dausch m. D.
Address	27 N. Broadway
Remarks	

Abstract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 18 June 1876
4. *Place of Birth (Street and Number)* Alice near 214
5. *Full Name of Mother* Katharina Kuhlbrandt Straby
6. *Mother's Maiden Name* Kuhlbrandt
7. *Mother's Birthplace* Oberkonitz in Moravia
8. *Full Name of Father* Martin Straby
9. *Father's Occupation* laborer
10. *Father's Birthplace* Znaim in Moravia

Name of Medical Attendant, or other Person who makes this Return. Mary Koplish

Address 69 N. Washington

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
11
1976
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Boy

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 11th June

4. *Place of Birth* (*Street and Number*) 24 Stirling St.

5. *Full Name of Mother* Katherine Meeka

6. *Mother's Maiden Name* Tytal

7. *Mother's Birthplace* Neumark Bohemia

8. *Full Name of Father* John Meeka.

9. *Father's Occupation* Cabinet maker

10. *Father's Birthplace* Neuchlau

Name of Medical Attendant, or other Person who makes this Return. [illegible] Conn. C

Address 120 Spring St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1876
4. Place of Birth (Street and Number)	98 Gay St
5. Full Name of Mother	Maggie Brian
6. Mother's Maiden Name	" McShane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Brian
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula McSherry
Address	129 E. Monument St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2-
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1876
4. Place of Birth (Street and Number)	384 N. Eden St
5. Full Name of Mother	Emma Jane Wandelet
6. Mother's Maiden Name	Perry
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Francis Wandelet
9. Father's Occupation	Without any
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Rayson M.D.
Address	18 Fisquilt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28 1876
4. Place of Birth (Street and Number)	73 Granby St.
5. Full Name of Mother	Mary Alice Kaiser
6. Mother's Maiden Name	" " Mitchell
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	John George Kaiser
9. Father's Occupation	Printer
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hayson M.D.
Address	18 Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9, This is the 9

1. *Sex (state whether Male or Female)* F Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 12 of June 1876
4. *Place of Birth (Street and Number)* 180 Warner St Baltimore Md
5. *Full Name of Mother* Rebecca Fowler
6. *Mother's Maiden Name* Rebecca Johns
7. *Mother's Birthplace* Talbot County Easton Point Md
8. *Full Name of Father* Thomas Fowler
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* 69 Johnson St Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amelia Gross

Address Patapsco Avenue No 1

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12072

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 13 " " 1876
4. Place of Birth (Street and Number)	Baltimore Clemman Street No 6.
5. Full Name of Mother	Lottie Kraul
6. Mother's Maiden Name	Lottie Underdeh
7. Mother's Birthplace	Bornd in Baltimore
8. Full Name of Father	John Kraul
9. Father's Occupation	Carter
10. Father's Birthplace	Bornd in Germany
Name of Medical Attendant, or other Person who makes this Return.	Ruth Ann Riggins
Address	368 Hanover Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 18, of Juin 1876,
4. *Place of Birth (Street and Number)* No 34 Union st
5. *Full Name of Mother* ~~Mary~~ Walburga Kaemmerle
6. *Mother's Maiden Name* Walburga Georgs
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Georg Kaemmerle.
9. *Father's Occupation* a Tailor,
10. *Father's Birthplace* in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger.

Address No 14 Union st

Remarks

RETURN OF A BIRTH.

12074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth June 16th

4. Place of Birth (Street and Number) 110. East: Aven:

5. Full Name of Mother Eva

6. Mother's Maiden Name Leinbach

7. Mother's Birthplace Baltimore

8. Full Name of Father Louis [redacted] Wolcott

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Fuller Lewis M.D.

Address 137 W. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12175

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* June 18 - 1876

4. *Place of Birth* (Street and Number) No 24 Burrough

5. *Full Name of Mother* Nettie Rebstock

6. *Mother's Maiden Name* Nettie Sheckels

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Charles Rebstock

9. *Father's Occupation* Brick macking

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Hast

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) White.

3. Date of Birth 18th June.

4. Place of Birth (Street and Number) No 300. Charles St.

5. Full Name of Mother Amelia Regan.

6. Mother's Maiden Name Amelia Regan.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Jacob Stump.

9. Father's Occupation Labor.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dorcas Thee Prime

Address 114 Bethel Ave.

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th
4. Place of Birth (Street and Number)	169 Warren Av
5. Full Name of Mother	Katie Schmidt
6. Mother's Maiden Name	Strickler
7. Mother's Birthplace	Kentucky
8. Full Name of Father	John Schmidt
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Heath
Address	328 N Eutaw
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 18th 76
4. *Place of Birth (Street and Number)* 79 Woodyear St
5. *Full Name of Mother* Florida Ruark
6. *Mother's Maiden Name* Matthews
7. *Mother's Birthplace* Martinsburg Va
8. *Full Name of Father* Nathan L Ruark
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. J M Kinzey

Address 762 Hacket

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 18 76
4. Place of Birth (Street and Number)	579 Luna Ave
5. Full Name of Mother	Mary Pauley
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Geo Pauley
9. Father's Occupation	Car driver
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Geo W Morris M D
Address	Car Electric & Pushin
Remarks	

12080

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 June 1876
4. *Place of Birth (Street and Number)* 252 Park ave
5. *Full Name of Mother* Columbia Brooks
6. *Mother's Maiden Name* " Yingling
7. *Mother's Birthplace* Md
8. *Full Name of Father* Joshua Brooks
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G. L Tanyhill

Address 129 W Biddle St

Remarks

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 20th 1876

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth June 18th 1876

4. Place of Birth (Street and Number) No. 199 Wolfe St.

5. Full Name of Mother K. Eckert.

6. Mother's Maiden Name K. Donamar

7. Mother's Birthplace Germany

8. Full Name of Father Luis Eckert.

9. Father's Occupation Schoemaker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arendt.

Address No 137 S Wolfe st.

Remarks

Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Col

3. *Date of Birth* June 12th 1876

4. *Place of Birth (Street and Number)* No 28 N Caroline st

5. *Full Name of Mother* Anna Stein

6. *Mother's Maiden Name* Anna Lehman

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Theo Stein

9. *Father's Occupation* Cigar Maker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr C Hayes

Address 28 N Caroline st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th June 1876
4. Place of Birth (Street and Number)	15 Longlark St.
5. Full Name of Mother	Caroline Palfelder Kahlheimer
6. Mother's Maiden Name	[redacted]
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Dreyer Kahlheimer
9. Father's Occupation	Sexton
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	15th June 1876
4. Place of Birth (Street and Number)	75 Spring St
5. Full Name of Mother	Lazzie Lucas
6. Mother's Maiden Name	Dickson
7. Mother's Birthplace	U States of America
8. Full Name of Father	Cudam Cross
9. Father's Occupation	Baker
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 18th 1876

4. *Place of Birth (Street and Number)* 195 Pierce Street

5. *Full Name of Mother* Rebecca Dewlin Johnson

6. *Mother's Maiden Name* Rebecca Dewlin Pursley

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Edward Coulter Johnson

9. *Father's Occupation* Furniture Mover

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. Howard, M.D.

Address 228 Saratoga St

Remarks Natural labour at term.—

rect Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	18 June 1876
4. Place of Birth (Street and Number)	217 Cookham Alley
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Lackey
7. Mother's Birthplace	Easton Shore
8. Full Name of Father	William Brown
9. Father's Occupation	Labourer
10. Father's Birthplace	[illegible]
Name of Medical Attendant, or other Person who makes this Return.	Frederick O'Reilly Williams
Address	No 70 Sharpe Street
Remarks	Mother Child Living Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden, name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	18 June 1876
4. Place of Birth (Street and Number)	No 53 Front St
5. Full Name of Mother	Lizzie R. Jackson
6. Mother's Maiden Name	Lizzie Carper
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Samuel H Jackson
9. Father's Occupation	Painter
10. Father's Birthplace	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Robert Wilson
Address	70 Front Street
Remarks	Mother first saving child

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12055

HEALTH DEPARTMENT
AUG
28
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* June 19th 1875
4. *Place of Birth (Street and Number)* Mc Culloch St No 348
5. *Full Name of Mother* Mag. Asenting
6. *Mother's Maiden Name* Mag. Meyer
7. *Mother's Birthplace* Emden Europe
8. *Full Name of Father* Wm H Asenberg
9. *Father's Occupation* Grocer &
10. *Father's Birthplace* Hamburg &

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Rose Ulbig

Remarks 48 Holland St. Balt. Md.

12089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 19th 1876
4. *Place of Birth (Street and Number)* Corner Druid Hill Ave & Preston St
5. *Full Name of Mother* Agnes Veronica McGlennen
6. *Mother's Maiden Name* Agnes Veronica Gallagher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexius W McGlennen
9. *Father's Occupation* Apothecary
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 144 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics to the City of Baltimore.

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RETURN OF A BIRTH.

12090

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) fifth

1. *Sex* (*state whether Male or Female*) Girl
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 9 July
4. *Place of Birth* (*Street and Number*) 12 Barnett St
5. *Full Name of Mother* Anna Heide
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 1220 Barnett

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12091

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 8 te
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	
4. Place of Birth (Street and Number)	W. Baltimore Stt 229
5. Full Name of Mother	
6. Mother's Maiden Name	Therese Wiesenfarth
7. Mother's Birthplace	City of Nauenburg Prussia
8. Full Name of Father	Louis Wiesenfarth
9. Father's Occupation	Carver a. Restorant
10. Father's Birthplace	Bavaria District Deggendorf
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dannler
Remarks	60 N Schroeder St

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 19th 1876

4. Place of Birth (Street and Number) 83 Elbow Lane

5. Full Name of Mother Elizabeth Harding

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father William H Harding

9. Father's Occupation Laborer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 11 Burgundy alley

Remarks

12098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of June 1876
4. *Place of Birth (Street and Number)* Baltimore County.
5. *Full Name of Mother* C. Lapphart.
6. *Mother's Maiden Name* C. Rabine
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* C. Lapphart
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Mullen

Address 124 N. Caroline

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 29 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of June 1876
4. *Place of Birth (Street and Number)* 898 W. Fay St.
5. *Full Name of Mother* Sophia Franke
6. *Mother's Maiden Name* Sophia Knorr.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles L. Franke
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 W. Carlisle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Childe

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 19 of June. 1876.
4. *Place of Birth (Street and Number)* No 61 Mulberry st.
5. *Full Name of Mother* Kate ~~Donaley~~ Barby.
6. *Mother's Maiden Name* Kate Donalay.
7. *Mother's Birthplace* in Irland.
8. *Full Name of Father* Mike Barby
9. *Father's Occupation* a labor work.
10. *Father's Birthplace* in Irland.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union. st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 19 1876
4. Place of Birth (Street and Number)	No 2 Elbow Alley
5. Full Name of Mother	Annie M Kelly
6. Mother's Maiden Name	" " Jenkins
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Richard Kelly
9. Father's Occupation	Porter
10. Father's Birthplace	Easton Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Richardson Md by Mr Cleary Jr
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 19th June
4. *Place of Birth (Street and Number)* 180 Eastern Ave
5. *Full Name of Mother* Eleucina Heall
6. *Mother's Maiden Name* Eleucina Jones
7. *Mother's Birthplace* Anna arundel.
8. *Full Name of Father* Conrad Heall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Anna Arundal

Name of Medical Attendant, or other Person who makes this Return, Lee Walkers

Address 91 S Dallas St

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th June 1876
4. Place of Birth (Street and Number)	97 ~~7~~ Chapel St
5. Full Name of Mother	Catherine Kaufman
6. Mother's Maiden Name	" Suter
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	August Kaufman
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	W. L. R. Ulrey
Address	78 Holland St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19th 1876
4. Place of Birth (Street and Number)	Baltimore Hill Street No 49
5. Full Name of Mother	Charlott Kelly
6. Mother's Maiden Name	" Seward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Kelly
9. Father's Occupation	Works in tobacco Warehouse
10. Father's Birthplace	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 236 Montgomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19th 1876
4. Place of Birth (Street and Number)	S.W. cor Dover St. & Hanover Market)
5. Full Name of Mother	Mary L. Schley
6. Mother's Maiden Name	Harrison
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jacob S. Schley
9. Father's Occupation	Can maker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.W. cor Hanover & Baltimore Sts
Remarks	

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~March 8th~~ June 19th
4. Place of Birth (Street and Number)	No 159 South Chester st
5. Full Name of Mother	Harriet Ann Brum
6. Mother's Maiden Name	Harriet Ann West
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George W Brum
9. Father's Occupation	Horsecar
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Ann Emily Bull
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	19th June.
4. Place of Birth (Street and Number)	No 68. N. Eutaw.
5. Full Name of Mother	Margaretha Berlin
6. Mother's Maiden Name	" " Polelly.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Wm E. Berlin.
9. Father's Occupation	Umbrella Parasol & Cane Manufacturer & Musician
10. Father's Birthplace	Demmin in Prussia. (Germany)
Name of Medical Attendant, or other Person who makes this Return	Anne Lindner
Address	No 45 Monroe St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* June 22 1876
4. *Place of Birth (Street and Number)* 202 Raborg St
5. *Full Name of Mother* mary Elizabeth Carey
6. *Mother's Maiden Name* Mary Elizabeth
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* James Carey
9. *Father's Occupation* Day Laborer
10. *Father's Birthplace* West Virginia

Name of Medical Attendant, or other Person who makes this Return. Chillet Walker

Address 205 Raborg

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juni 19 1876
4. *Place of Birth (Street and Number)* 126 Lostret
5. *Full Name of Mother* Luise Ming
6. *Mother's Maiden Name* L Lautenschlager
7. *Mother's Birthplace* Ballimor
8. *Full Name of Father* K. Ludwig Ming
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Mari R. Ruediger

Address 134 N. Bond Stret

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 children

1. Sex (state whether Male or Female) last a boy.

2. Race or Color (if not of the white race) White

3. Date of Birth born the 19th of June 76

4. Place of Birth (Street and Number) 336 West Pratt st.

5. Full Name of Mother Ann Mary Kunstein

6. Mother's Maiden Name Ann Mary Herchert

7. Mother's Birthplace Germany.

8. Full Name of Father August Herchert

9. Father's Occupation Moulder

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Absentia Kuntel

Address 71 North Chappel st for John Kuntel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 June 1876
4. *Place of Birth (Street and Number)* 85 S. Castle St.
5. *Full Name of Mother* Barbara Friedelstein
6. *Mother's Maiden Name* Barbara Welsch
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Friedelstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dr Lederer

Address 28 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth June 13th 1894

4. Place of Birth (Street and Number) 226 Locust

5. Full Name of Mother Bridget Kenion

6. Mother's Maiden Name Bridget McCarthy

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Kenion

9. Father's Occupation Engineer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Fred Hilgert

Address 226 Locust

Remarks

12108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
9
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th 1876
4. Place of Birth (Street and Number)	No 120 Little Church St
5. Full Name of Mother	Amelia Gagan
6. Mother's Maiden Name	" Bridey
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Rae Gagan
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs C A Lewis
Address	162 Hanover St
Remarks	Having left the City after these Cases and have return'd I have written to forward Returns

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth 10 June

4. Place of Birth (Street and Number) 19 North Pl

5. Full Name of Mother Francesca Schaller

6. Mother's Maiden Name " " Liska

7. Mother's Birthplace Austria Bohemia

8. Full Name of Father Joseph Schaller

9. Father's Occupation Butler

10. Father's Birthplace Austria Bohemia

Name of Medical Attendant, or other Person who makes this Return. Jos Conrad

Address 1220 Bennett Pl.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th June 1876
4. Place of Birth (Street and Number)	101 Albemarle St cor. of Fremont
5. Full Name of Mother	Henrietta Meyer
6. Mother's Maiden Name	Henrietta Redermann
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Meyer.
9. Father's Occupation	Grocries and Liquor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Binguet
Address	260 Lombard St
Remarks	

Duty of Physicians to Report Births to the Register in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	30th June 1876.
4. Place of Birth (Street and Number)	58 Centralleye.
5. Full Name of Mother	Rosina Beichel
6. Mother's Maiden Name	Hemarich
7. Mother's Birthplace	Germany
8. Full Name of Father	George Beichel
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address 52 E Lombard St.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 20th 1876.
4. *Place of Birth (Street and Number)* N. Central Av. No. 16
5. *Full Name of Mother* Margaretha Gieseler
6. *Mother's Maiden Name* Margaretha Blenkner
7. *Mother's Birthplace* Konigsberg N. Sachsen. Germany
8. *Full Name of Father* John Gieseler
9. *Father's Occupation* Painter
10. *Father's Birthplace* Brage. Gr. Oldenburg. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18/6
4. Place of Birth (Street and Number)	Balto Park Ave
5. Full Name of Mother	Catherine Hall
6. Mother's Maiden Name	Patrick
7. Mother's Birthplace	Ireland
8. Full Name of Father	Samuel Taylor Hall
9. Father's Occupation	Gardener.
10. Father's Birthplace	Govans town Balto Co'm'd
Name of Medical Attendant, or other Person who makes this Return.	Tho Mc Elroy
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 20th 1876
4. *Place of Birth (Street and Number)* Born in Durham 432 E Baltimore Between Chas. & Eager
5. *Full Name of Mother* Elizabeth Shafer.
6. *Mother's Maiden Name* Elizabeth Emmil.
7. *Mother's Birthplace* Rittenhousen Pennsylvania
8. *Full Name of Father* Jacob Shafer.
9. *Father's Occupation* Tow Puller.
10. *Father's Birthplace* Rittenhousen Germany

Name of Medical Attendant, or other Person who makes this Return. Dona. Starr.

Address 190 N. Gay St. Betw. Chas. & Eager

Remarks the Child Died in Spasms.

about 8 hours after Birth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20th 1876
4. *Place of Birth (Street and Number)* # 304 Durham st.
5. *Full Name of Mother* Sarah Brunner
6. *Mother's Maiden Name* Sullivan
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Samuel Brunner
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. W. B. O'Reilly. M. D

Address # 235. N. Broadway.

Remarks Labor from 6. a. m. 20th inst. until 12.30 P. m. 21st inst. Instrumental.

U. 83

12116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 20. 1876
4. Place of Birth (Street and Number)	Hoestetstr No 56
5. Full Name of Mother	Katharina Gabler
6. Mother's Maiden Name	Katharina Friedel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johann Gabler
9. Father's Occupation	Bäckermann
10. Father's Birthplace	Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Bomgarth
Address	South Wolfstr No 28
Remarks	Mr Dr

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
24
1876
BALTIMORE

No. of Child of Mother (~~*state whether 1st,* 2d, *3d, &c.*~~)

1. Sex (*state whether Male* ~~*or Female*~~)

2. Race or Color (~~*if not of the*~~ *white* ~~*race*~~)

3. Date of Birth June, 25th 3 P.M.

4. Place of Birth (*Street and Number*) 72 McElderry

5. Full Name of Mother Annie Hartman

6. Mother's Maiden Name " Jennieon

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Hartman

9. Father's Occupation Laborer,

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Gregor Shertzer M.D.

Address 118 S. High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 20 of June 1876.
4. *Place of Birth (Street and Number)* No 188 Preston st.
5. *Full Name of Mother* Annie Louvies Peters.
6. *Mother's Maiden Name* Annie Louvies Schafer,
7. *Mother's Birthplace* in Baltimore.
8. *Full Name of Father* Gurge Peters.
9. *Father's Occupation* a Tailore
10. *Father's Birthplace* in Gremeny. Midwife Elena Engeldinger

Name of Medical Attendant, or other Person who makes this Return.

Address No 14 Union st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th 76.
4. Place of Birth (Street and Number)	Monument. st. No 0
5. Full Name of Mother	Dora. Fritzger
6. Mother's Maiden Name	" Felbach
7. Mother's Birthplace	Baltr. Md.
8. Full Name of Father	Fred. Fritzger
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltr. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz Midwife
Address	No 320 Allicant.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th
4. Place of Birth (Street and Number)	No 25 Water St
5. Full Name of Mother	Anna Gordon
6. Mother's Maiden Name	Becker
7. Mother's Birthplace	Sweden Europe
8. Full Name of Father	George Gordon
9. Father's Occupation	Restaurant
10. Father's Birthplace	Sweden Europe
Name of Medical Attendant, or other Person who makes this Return.	Nurse Libby
Address	18 Holland St City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

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RETURN OF A BIRTH.

12121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 22 ~~1876~~ 1876

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 20 ~~1876~~ 1876.
4. *Place of Birth (Street and Number)* 363 E. Eutaw Ave. Washington Ward
5. *Full Name of Mother* Amillie Janetzkie
6. *Mother's Maiden Name* Amillie Nachtrigall.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Janetzkie
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Friend.

Address No 137 S Wolfe St

Remarks ~~of~~

12122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 20th 1876
4. Place of Birth (Street and Number)	No 28 North Bond St.
5. Full Name of Mother	Emma Berghoff.
6. Mother's Maiden Name	" Abrich.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Joseph Berghoff.
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Wallmann.
Address	No 175 South Eden St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colod
3. *Date of Birth* june 20 1876
4. *Place of Birth (Street and Number)* 10 4 young cort
5. *Full Name of Mother* margret Ennis
6. *Mother's Maiden Name* agnes Ennis
7. *Mother's Birthplace* Back right neck
8. *Full Name of Father* john hinsom
9. *Father's Occupation* potter cucker
10. *Father's Birthplace* city

Name of Medical Attendant, or other Person who makes this Return. Nisbith foot

Address

Remarks

12/12/4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 20th. 1876.
4. Place of Birth (Street and Number)	33 S. Bond. St.
5. Full Name of Mother	Kate McLain
6. Mother's Maiden Name	Stoddard
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Adelbert McLain
9. Father's Occupation	Printer
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	G. G. Rusk M. D.
Address	Balt & Mart. sts.
Remarks	Natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12.125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 26th 1876

4. *Place of Birth (Street and Number)* No 141 Eastern Ave

5. *Full Name of Mother* Mary Agnes Phillips

6. *Mother's Maiden Name* Mary Agnes Lynn

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Hugh Phillips

9. *Father's Occupation* Boat and Shoe Dealer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Thos. Milligan

Address No 142 Eastern Ave

Remarks

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rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 20th 1876
4. *Place of Birth (Street and Number)* No 12 H Alley
5. *Full Name of Mother* Luisa Burden
6. *Mother's Maiden Name* Luisa Jinkens
7. *Mother's Birthplace* Eastern shore Md
8. *Full Name of Father* Samuel Burden
9. *Father's Occupation* Porter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return, Milly Gross

Address No 1 Patapsco Avenue

Remarks

12127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1876
4. Place of Birth (Street and Number)	Canton Ave & Chapel St.
5. Full Name of Mother	Rose L. Klimm
6. Mother's Maiden Name	Rose Lonhay
7. Mother's Birthplace	America
8. Full Name of Father	Andrew Klimm
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary E. Simms
Address	170 178 E Chapel St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUNE 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 the child

1. Sex (state whether Male or Female) last a girl

2. Race or Color (if not of the white race) color White

3. Date of Birth born to 20 June 1876

4. Place of Birth (Street and Number) 82 West Lubkmerset st

5. Full Name of Mother Babri Hart

6. Mother's Maiden Name Babri Hevert

7. Mother's Birthplace Germany

8. Full Name of Father John Hevert

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kuntzel

Address 71 North Chappel st. pr John Kuntzel

Remarks Healthy

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 21 of June
4. *Place of Birth (Street and Number)* South Charles St 292
5. *Full Name of Mother* Magdalena Zimmer
6. *Mother's Maiden Name* " " Wade
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel Zimmer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. M. S. M. Streng

Address No 32 Leibelt Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June. 21st/76.
4. Place of Birth (Street and Number)	Canton ave No. 341.
5. Full Name of Mother	Maria Shoge
6. Mother's Maiden Name	" Wlodiski
7. Mother's Birthplace	Germany.
8. Full Name of Father	Adolf Shoge
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Residence
Remarks	No. 320 Allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 21 st 1876
4. Place of Birth (Street and Number)	No 70 Park av.
5. Full Name of Mother	Fredrika Magdalena Schlesinger
6. Mother's Maiden Name	" " " " Tiefer
7. Mother's Birthplace	Germany
8. Full Name of Father	J. Peter Schlesinger
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40. E. Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* June 21
4. *Place of Birth (Street and Number)* no 22 short st
5. *Full Name of Mother* Mary Hamilton
6. *Mother's Maiden Name* mary sherf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Hamiltan
9. *Father's Occupation* porter
10. *Father's Birthplace* Albert co vir

Name of Medical Attendant, or other Person who makes this Return. ~~Dr.~~ Miss Lear Fatterson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12133

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 June
4. *Place of Birth (Street and Number)* 45 Granby Street
5. *Full Name of Mother* Matilda Strauss
6. *Mother's Maiden Name* Meurnert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Henry Strauss
9. *Father's Occupation* Direct
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

12131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1876
4. Place of Birth (Street and Number)	1 Baltimore Co
5. Full Name of Mother	Hannie Maccubbin
6. Mother's Maiden Name	" Taylor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Maccubbin
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula L. Schriever
Address	129 E Monument St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 26 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex (state whether Male or Female)* last a boys
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th June 1876
4. *Place of Birth (Street and Number)* Philadelphia Road
5. *Full Name of Mother* L. Meyer near Loneys Lane
6. *Mother's Maiden Name* Louisa Meyers Steibel
7. *Mother's Birthplace* Wonsburgh
8. *Full Name of Father* Leonard Steibel
9. *Father's Occupation* Boxmaker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chapel st for John Kunkel

Remarks Healthy

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June. 21st 1876
4. *Place of Birth (Street and Number)* No. 4 Dawson. Alley,
5. *Full Name of Mother* Elizabeth. Filling
6. *Mother's Maiden Name* Elizabeth. Schwallenberg.
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* Edward. Filling.
9. *Father's Occupation* Box-maker.
10. *Father's Birthplace* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Katherine Seebach

Address 439 W. Pratt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 21.

4. *Place of Birth (Street and Number)* Canton Ave 42

5. *Full Name of Mother* Mary Corrigan

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* John Corrigan

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. Koch.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 29 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st of June 1876
4. *Place of Birth (Street and Number)* 99 N. Eldery St.
5. *Full Name of Mother* Magdolna Herman
6. *Mother's Maiden Name* Magdolna Harman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John C. Herman
9. *Father's Occupation* Potter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 25 N. Caroline st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1876.
4. Place of Birth (Street and Number)	206 Greenmount Ave.
5. Full Name of Mother	Mary Emma McConkey
6. Mother's Maiden Name	Hackney
7. Mother's Birthplace	Balto. City
8. Full Name of Father	William Henry McConkey
9. Father's Occupation	Coal Dealer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Saml. T. Knight M.D.
Address	112 N. Greene
Remarks	

RETURN OF A BIRTH.

12140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 76
4. Place of Birth (Street and Number)	No 15 E Lemmon St.
5. Full Name of Mother	Emily Robertson
6. Mother's Maiden Name	Emily Hubbitt
7. Mother's Birthplace	England
8. Full Name of Father	Samuel Robertson
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Dr. John G. Wondley
Address	No 203, 36, Pointard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 22 of June
4. *Place of Birth (Street and Number)* choptank st 128
5. *Full Name of Mother* almira v comel
6. *Mother's Maiden Name* almira v tyron
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* george f comel
9. *Father's Occupation* engineer
10. *Father's Birthplace* unity montgomery county md

Name of Medical Attendant, or other Person who makes this Return. mary conner 153 choptank st

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	June 22d 1876.
4. Place of Birth (Street and Number)	165 Lee St.
5. Full Name of Mother	Martha V. Pumphrey.
6. Mother's Maiden Name	" " Fowler.
7. Mother's Birthplace	Calvert Co. Md.
8. Full Name of Father	H. A. Pumphrey.
9. Father's Occupation	Police Officer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Fall. M.D.
Address	156 S. Sharp St
Remarks	Child living.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd
4. Place of Birth (Street and Number)	146 Light St
5. Full Name of Mother	Catherine Sandbrook
6. Mother's Maiden Name	Mayhouse
7. Mother's Birthplace	Prussia
8. Full Name of Father	Henry Sandbrook
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Henry Fo
Address	324 S Exeter
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12 1 4 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
5
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 22 1876
4. Place of Birth (Street and Number)	orleans st No 65
5. Full Name of Mother	julia johnson
6. Mother's Maiden Name	julia johnson the same
7. Mother's Birthplace	in baltimore city
8. Full Name of Father	William henry johnson
9. Father's Occupation	as porter
10. Father's Birthplace	baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Charlote Wilson
Address	No 6 jew alley
Remarks	died of Cholera infantum

12115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Thursday June 1st 1876
4. *Place of Birth (Street and Number)* 2 Monroe City of Hospital
5. *Full Name of Mother* Mary Eliza Wicks
6. *Mother's Maiden Name* Mary Eliza Gilliard
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Richard B. Wicks
9. *Father's Occupation* Steam Mach. Fitter
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Sophia Kinsey

Address Chestnut Street No 134

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 22nd 1876
4. Place of Birth (Street and Number)	161 Madaria Alley
5. Full Name of Mother	Matilda Kilzinger
6. Mother's Maiden Name	David
7. Mother's Birthplace	Germany
8. Full Name of Father	John Kilzinger
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm C Buchmann
Address	129 Bank Str.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12,147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st
4. Place of Birth (Street and Number)	54 Portland
5. Full Name of Mother	Maria Schumann
6. Mother's Maiden Name	" Westermann
7. Mother's Birthplace	Baden Germany
8. Full Name of Father	August Schumann
9. Father's Occupation	Jour Tailor
10. Father's Birthplace	Kusaem Prussia
Name of Medical Attendant, or other Person who makes this Return.	Anna Dreuter Midwife
Address	No 60 Schroder st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 5 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22d 1876
4. Place of Birth (Street and Number)	276. S. Eutaw street
5. Full Name of Mother	Margaret Sweeny
6. Mother's Maiden Name	" Lentz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Georga. Agustus Sweeny.
9. Father's Occupation	Peddlar
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunler
Address	60 N. Schroder St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12149

No. 84

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 22. 1876
4. Place of Birth (Street and Number)	Nord Durhamstr No 54
5. Full Name of Mother	Katharina Rohmann
6. Mother's Maiden Name	Katharina Firment
7. Mother's Birthplace	Presfeld Baiern
8. Full Name of Father	Johann Rohmann
9. Father's Occupation	Peter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Raupach
Address	South Wolfstr No 28.
Remarks	Lindner fe

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22d 1876
4. *Place of Birth (Street and Number)* Union Prot Infirmary
5. *Full Name of Mother* Mary [redacted] Diamond
6. *Mother's Maiden Name* " Bean
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Diamond - Dead
9. *Father's Occupation* Carpenter -
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett

Address 93 Mosher St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12,137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 8th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12 1876
4. Place of Birth (Street and Number)	Chester st No 189
5. Full Name of Mother	Mary Mc Dunner
6. Mother's Maiden Name	Mary Mc Dunner
7. Mother's Birthplace	Boston
8. Full Name of Father	John Mc Dunner
9. Father's Occupation	Laboar
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ann Emily Ball
Address	No 171 Chester st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. *Sex* (state whether Male or Female)	Mail.
2. *Race or Color* (if not of the white race)	Colord
3. *Date of Birth*	June 22 th
4. *Place of Birth* (Street and Number)	Pine Strat . No 35
5. *Full Name of Mother*	argstor howrod
6. *Mother's Maiden Name*	argstor boen
7. *Mother's Birthplace*	Baltimore canty
8. *Full Name of Father*	Charls howrd
9. *Father's Occupation*	Coestor Seller and White Washer
10. *Father's Birthplace*	howrd County
Name of Medical Attendant, or other Person who makes this Return.	Charlat Worn
Address	No. 25 S. Raberg. St.
Remarks	

RETURN OF A BIRTH.

12153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 22d. 1876.
4. Place of Birth (Street and Number)	62 n. Paca St.
5. Full Name of Mother	Mary Hohlfelder
6. Mother's Maiden Name	M. Binkhold
7. Mother's Birthplace	Austrian
8. Full Name of Father	F. Hohlfelder
9. Father's Occupation	Tailor
10. Father's Birthplace	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Paca St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 22d. 1876.
4. Place of Birth (Street and Number)	592. n. Baltimore St.
5. Full Name of Mother	Anna Bittner
6. Mother's Maiden Name	A. Tscharnke
7. Mother's Birthplace	Prussian
8. Full Name of Father	Julius Bittner
9. Father's Occupation	Tinner
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd 1876
4. Place of Birth (Street and Number)	Cor Forest & Hillen St
5. Full Name of Mother	Mary Ann. Labar
6. Mother's Maiden Name	Mary Ann. Duncan
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Preston Labar
9. Father's Occupation	Candy Maker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter
Address	111 Greenmount Ave.
Remarks	

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12,156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) 1

1. Sex (state whether ~~Male~~ or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 22nd 1876

4. Place of Birth (Street and Number) 63 N Pine St

5. Full Name of Mother Emma Emnis

6. Mother's Maiden Name Lepson

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm Emnis

9. Father's Occupation Mechanic

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. A L Symons

Address 39 N Pine St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd 1876
4. Place of Birth (Street and Number)	Cross St 1st N. of Lexington
5. Full Name of Mother	Laura Blanche Murphy
6. Maiden Name	~~Clark~~ Laura Blanche Love
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	Charles H. Murphy
9. Father's Occupation	Clerk
10. Father's Birthplace	Norfolk
Name of Medical Attendant, or other Person who makes this Return.	A. Nol Colburn
Address	166 S. Paca St
Remarks	

12138

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22nd 76
4. *Place of Birth (Street and Number)* 16 St Peters St
5. *Full Name of Mother* Annie M. Haskell
6. *Mother's Maiden Name* Baitzell
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Charles A Haskell
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maine

Name of Medical Attendant, or other Person who makes this Return. D N Carney

Address 76 E Pratt St

Remarks

Inspect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd 1876
4. Place of Birth (Street and Number)	Corner Gough & East Sts
5. Full Name of Mother	Anna McLean
6. Mother's Maiden Name	Anna Key
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	William McLean
9. Father's Occupation	Mariner
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Jno. S. Lynch M.D.
Address	194 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Mulatto
3. *Date of Birth* June 12th 1876
4. *Place of Birth* (*Street and Number*) 410 Eutaw St.
5. *Full Name of Mother* Sarah Hammet
6. *Mother's Maiden Name* Sarah Thomas
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Martin Hammet
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Rogers

Address 410 Eutaw St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 21st 1876

4. *Place of Birth (Street and Number)* 1654 Spring st

5. *Full Name of Mother* Hattie Lee

6. *Mother's Maiden Name* Hattie Lee

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Lee

9. *Father's Occupation* Mariner

10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Jesse A Wagner

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether Male or ~~Female~~)* [redacted]
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22nd 1876.
4. *Place of Birth (Street and Number)* S. Exeter St. No. 92.
5. *Full Name of Mother* Rosa Sichishallen
6. *Mother's Maiden Name* Rosa Schab
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Walther C. Sichishallen
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12163

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 22d 1876.
4. *Place of Birth (Street and Number)* E. Central Av. No. 70.
5. *Full Name of Mother* Susanna Roblede
6. *Mother's Maiden Name* Susanna Lotz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Franz Roblede
9. *Father's Occupation* Ingeneur
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. McCullen

Address N. Dallas St. No. 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 22nd June 1876

4. *Place of Birth (Street and Number)* Corner of Charles & Chase Sts.

5. *Full Name of Mother* Phebe Bagley Williams

6. *Mother's Maiden Name* Phebe Bagley Parker

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* L Tucker Williams

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Thos J. Mundinger

Address 107 St Paul St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 23rd
4. Place of Birth (Street and Number)	No 12 Bowen st
5. Full Name of Mother	Louisa V Chester
6. Mother's Maiden Name	Louisa V Grant
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas H Chester
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Wilson
Address	No 6 Jew alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
29
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female
1. Sex (state whether Male or Female)	C
2. Race or Color (if not of the white race)	
3. Date of Birth	23 June 1876.
4. Place of Birth (Street and Number)	60 Low Gay St
5. Full Name of Mother	Lizzie Kahl
6. Mother's Maiden Name	" Georges
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo. Kahl
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Cooper
Address	52 E Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23d 1876
4. *Place of Birth (Street and Number)* N 23 Clinton Ave
5. *Full Name of Mother* Sarah Alexsia Wilmer
6. *Mother's Maiden Name* Sarah Alexsia Lilly
7. *Mother's Birthplace* Rockville Montgomery Co Md
8. *Full Name of Father* Peter Wilmer
9. *Father's Occupation* U.S. Storekeeper
10. *Father's Birthplace* Charles Co Md

Name of Medical Attendant, or other Person who makes this Return. F L Claston M.D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 23rd 1876
4. Place of Birth (Street and Number)	238 S Durham st
5. Full Name of Mother	Maria ~~Stein~~ Miller
6. Mother's Maiden Name	" Stein
7. Mother's Birthplace	Germany
8. Full Name of Father	Nicholas Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Beckmann
Address	129 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, ~~&c.~~)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	~~1876~~ 23rd June 1876
4. Place of Birth (Street and Number)	183 Alice Anna St
5. Full Name of Mother	Annanda J. Koenig
6. Mother's Maiden Name	" Meishmann
7. Mother's Birthplace	Germany
8. Full Name of Father	George Koenig
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	125 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	eight - 8
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 23
4. Place of Birth (Street and Number)	1.12 S. Fulton Ave
5. Full Name of Mother	Annie M. Wallen
6. Mother's Maiden Name	Annie M Sheridan
7. Mother's Birthplace	Charlestown So. Co.
8. Full Name of Father	W. C. Wallen
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore M. D.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dunbar
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

12171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	23 of June
4. *Place of Birth* (Street and Number)	No 38 Scotland St
5. *Full Name of Mother*	Jane McKeown
6. *Mother's Maiden Name*	Jane Duggan
7. *Mother's Birthplace*	Co Antrim Ireland
8. *Full Name of Father*	Patrick McKeown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Co Antrim Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Duggan No 77 Mulberry St
Address	
Remarks	Healthy child

12172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male (Still born)
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 23d 1876
4. Place of Birth (Street and Number)	59 Woodyear St
5. Full Name of Mother	Caroline Squirl
6. Mother's Maiden Name	" Frazier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Squirl
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett
Address	93 Mosher St
Remarks	

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12173
12174

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT JUN 24 1876 BALTIMORE

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	(2)	4th & 5th
1. Sex (state whether Male or Female)	(2)	Males
2. Race or Color (if not of the white race)	(2)	White
3. Date of Birth		June 23rd 1876
4. Place of Birth (Street and Number)		100 Riverside av.
5. Full Name of Mother		Virginia A. Hayden
6. Mother's Maiden Name		Rec'd
7. Mother's Birthplace		Virginia
8. Full Name of Father		Wm. E. Hayden
9. Father's Occupation		Any thing that's honorable
10. Father's Birthplace		Virginia
Name of Medical Attendant, or other Person who makes this Return.		R. C. Lee
Address		Nw. cor. Hanover & Barre sts
Remarks		

12175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 23rd 1876
4. Place of Birth (Street and Number)	413 W. Saratoga
5. Full Name of Mother	Wilhelmina Grimm
6. Mother's Maiden Name	Wilhelmina Gordon
7. Mother's Birthplace	Caroline Co
8. Full Name of Father	Horace Grimm
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	A. W. Gollman 166 S. Paca St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 t
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 23. 1876
4. Place of Birth (Street and Number)	9st Little st No 18
5. Full Name of Mother	Catharine Frasted
6. Mother's Maiden Name	Katharina Bonn
7. Mother's Birthplace	Washington Bezirk
8. Full Name of Father	Joseph Frasted
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Johannes Bonnefeld
Address	South Wolf st No 218.
Remarks	Twin Male

rect Record of Vital Statistics in the City of Baltimore.

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12177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 23 1876
4. *Place of Birth (Street and Number)* 301 Biddle Street
5. *Full Name of Mother* Rebecca Gibson
6. *Mother's Maiden Name* Rebecca Lomack
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jacob Gibson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Hesley Bodley M.D. Doctress

Address No 85 Orchard street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jun. 23 rd 1876
4. Place of Birth (Street and Number)	№ 23 Armistead Lane.
5. Full Name of Mother	Elise Hellwig
6. Mother's Maiden Name	Schweitzer
7. Mother's Birthplace	Germany
8. Full Name of Father	George F. Hellwig
9. Father's Occupation	Shoemaker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	J. Lobwasser midwife
Address	113 Exeter st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12179.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23th 1876
4. *Place of Birth (Street and Number)* E. Fayette St. No. 345. (337)
5. *Full Name of Mother* Margaretha Flöss
6. *Mother's Maiden Name* Margaretha Naumann
7. *Mother's Birthplace* Pittsburg. Pa.
8. *Full Name of Father* John Flöss
9. *Father's Occupation* Baster
10. *Father's Birthplace* Pittsburg. Pa.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Fallas St. No. 26

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 23 1876
4. Place of Birth (Street and Number)	163 E Fayette St
5. Full Name of Mother	Sarah Pulis
6. Mother's Maiden Name	Sarah McMullen
7. Mother's Birthplace	Scotland
8. Full Name of Father	Joseph Pastr Pulis
9. Father's Occupation	Tobacconist
10. Father's Birthplace	New York city
Name of Medical Attendant, or other Person who makes this Return.	
Address	Carlos Ben'D Pulis
Remarks	9 Lloyd St NC 40

rect Record of Vital Statistics in the City of Baltimore.

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12151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 23rd
4. *Place of Birth* (Street and Number) Orleans St 212
5. *Full Name of Mother* Kate Graf
6. *Mother's Maiden Name* Kate Seebach
7. *Mother's Birthplace* Germany Bier
8. *Full Name of Father* George Graf
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Germany Baden

Name of Medical Attendant, or other Person who makes this Return. Kate Seebach

Address 439 West Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 28th 76.

4. Place of Birth (Street and Number) 86 Eastern Ave

5. Full Name of Mother Theiguinda Lang.

6. Mother's Maiden Name do

7. Mother's Birthplace Baltimore

8. Full Name of Father ———

9. Father's Occupation ———

10. Father's Birthplace ———

Name of Medical Attendant, or other Person who makes this Return. Dr J Callenius

Address 132 Light St

Remarks

12183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23rd 1876
4. *Place of Birth (Street and Number)* No 569 West Lombard St
5. *Full Name of Mother* Mrs Margaret J. Murphy
6. *Mother's Maiden Name* Mc Fee
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Mr Edward Murphy
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. C. Fullenkamp.

Address 569 West Lombard St

Remarks Doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 23d
4. Place of Birth (Street and Number)	36 West Lt
5. Full Name of Mother	Doug Heimand
6. Mother's Maiden Name	E Hahn
7. Mother's Birthplace	Penn Hessen
8. Full Name of Father	John H Heimand
9. Father's Occupation	Grocery Dealer
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Mary Thom
Address	328 E Eutaw St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 23d 1876
4. Place of Birth (Street and Number)	420 N Calhoun St
5. Full Name of Mother	Mary Isabella Child
6. Mother's Maiden Name	Hunt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James W Child
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	267 Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixteen about 24

1. *Sex (state whether Male or Female)* Mal
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Jun 24 1876
4. *Place of Birth (Street and Number)* Conan alg 64
5. *Full Name of Mother* Emily Labrill
6. *Mother's Maiden Name* Mary Wolles
7. *Mother's Birthplace* Baltimore Conty
8. *Full Name of Father* Charls henry Labrill
9. *Father's Occupation* Hod Carry
10. *Father's Birthplace* north Carlina

Name of Medical Attendant, or other Person who makes this Return. Charlet Eules pilit Wife

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 24th 1876
4. Place of Birth (Street and Number)	No 56 N. Wolfe st
5. Full Name of Mother	Mary Hickmann
6. Mother's Maiden Name	Steck
7. Mother's Birthplace	City
8. Full Name of Father	Conrad Hickmann
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1/1 9.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	8 Juni 24.
4. Place of Birth (Street and Number)	314. Franklin St.
5. Full Name of Mother	Adelheid Mathilde Rudolph
6. Mother's Maiden Name	Adelheid Mathilde Vogel.
7. Mother's Birthplace	Urban Kingdom Saxonii.
8. Full Name of Father	Ernst Rudolph.
9. Father's Occupation	
10. Father's Birthplace	Urban Kingdom Saxonii
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gombert.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 24th
4. Place of Birth (Street and Number)	36 Carrollton Av
5. Full Name of Mother	Mary Fredericka Walter
6. Mother's Maiden Name	Horst
7. Mother's Birthplace	Hessen-Darmstadt,
8. Full Name of Father	Joh. Georg, Walter
9. Father's Occupation	Baker,
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	
Address	Same Dunn Av
Remarks	

12190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1876
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 24th
4. *Place of Birth (Street and Number)* 13 South Regester st
5. *Full Name of Mother* Lucy Ann Johnson
6. *Mother's Maiden Name* Lucy Ann Gibson
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyles

Address 247 Orleans st

Remarks

12191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 24th 1876.
4. Place of Birth (Street and Number)	72 E. Pratt St.
5. Full Name of Mother	Alice A. Powell.
6. Mother's Maiden Name	Alice A. Tilyard.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jn°. F. Powell.
9. Father's Occupation	Physician.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jn°. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child's Physical Condition - Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Ninth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 24th 1876
4. *Place of Birth (Street and Number)* 137 Eden St
5. *Full Name of Mother* Mary Ann Offutt
6. *Mother's Maiden Name* " " Cromie
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. E. C. Offutt
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula E Chrimmon

Address 129 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12193

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 24 1876
4. *Place of Birth (Street and Number)* Tyson Street Court.
5. *Full Name of Mother* Clara Thomson
6. *Mother's Maiden Name* Clara Shepperd
7. *Mother's Birthplace* Easton Talbert County Md.
8. *Full Name of Father* Jno Thomson
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley

Address No 95 orchard street

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12/19/11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth June 4th

4. Place of Birth (Street and Number) 146 Gilmor

5. Full Name of Mother Cecelia Bauer

6. Mother's Maiden Name Cecelia Bauer

7. Mother's Birthplace Baltimore

8. Full Name of Father Peter Bauer

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. Pettigrew

Address 146 Gilmor

Remarks

12195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jun. 24 th. 1876
4. Place of Birth (Street and Number)	1302 Sharp st.
5. Full Name of Mother	Laura Henkel
6. Mother's Maiden Name	Simkly
7. Mother's Birthplace	America
8. Full Name of Father	Peter Henkel
9. Father's Occupation	Plaine
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Sohyeusser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12196

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1876
4. Place of Birth (Street and Number)	125 N. Howard St.
5. Full Name of Mother	Charlotte Anderfuhren Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Edward Anderfuhren
9. Father's Occupation	Boot-maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D
Address	112 N. Greene
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1876
4. Place of Birth (Street and Number)	114 Cinquieth St
5. Full Name of Mother	Mary Olivia Force
6. Mother's Maiden Name	Spafford
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Sinclair Force
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Traylor M.D.
Address	18 Cinquieth St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1876
4. Place of Birth (Street and Number)	No 118 Sterrett St Balto.
5. Full Name of Mother	Katherine Moon
6. Mother's Maiden Name	Katherine Max
7. Mother's Birthplace	Germany
8. Full Name of Father	Richard J Moon
9. Father's Occupation	Brick maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Katherine Seibach
Address	439 W Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 June 1876
4. *Place of Birth (Street and Number)* 39 S. Chappel St.
5. *Full Name of Mother* Anna Gulden
6. *Mother's Maiden Name* Anna Dachelen
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Wichbert Gulden
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hesse

Name of Medical Attendant, or other Person who makes this Return. W. Geden

Address 20 S. Chappel St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 June
4. *Place of Birth (Street and Number)* 59 Louis Street
5. *Full Name of Mother* Lizzie Winter
6. *Mother's Maiden Name* Lizzie Mengel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Winter
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No. 70 Insley Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
1876
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race) White,

3. Date of Birth 24th June 1876.

4. Place of Birth (Street and Number) 65 Corner Gist & Pratt Sts.

5. Full Name of Mother Mary Jane Thomas.

6. Mother's Maiden Name Mary Jane Griffin.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Seth Benton Thomas.

9. Father's Occupation Oyster Packer,

10. Father's Birthplace Fair Haven Connecticut.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks

12202

RETURN OF A BIRTH.

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 24 June

4. *Place of Birth* (*Street and Number*) 28 E Pratt St

5. *Full Name of Mother* Christina ~~Frank~~ Feinstein

6. *Mother's Maiden Name* Elin ~~Feinstein~~ Frank

7. *Mother's Birthplace* Switzerland

8. *Full Name of Father* Isaac Feinstein

9. *Father's Occupation* Jewelry Manufacturer

10. *Father's Birthplace* Switzerland

Name of Medical Attendant, or other Person who makes this Return. Switzerland Wm J

Address 74 Fountain St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12151

12203

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	5
1. Sex (state whether Male or Female)	Weiblich
2. Race or Color (if not of the white race)	Weiß
3. Date of Birth	23 Juni
4. Place of Birth (Street and Number)	3 Lombard Alley
5. Full Name of Mother	Catharine Krinz
6. Mother's Maiden Name	Catharine Sauerbrey
7. Mother's Birthplace	Deutschland
8. Full Name of Father	Frederick Krinz
9. Father's Occupation	Schneider
10. Father's Birthplace	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Dr Steiner & Krinz
Address	94 Lombard bei Eutaw
Remarks	

12201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 24th 1876

4. Place of Birth (Street and Number) 16 Linden Ave

5. Full Name of Mother Maggie Dougherty

6. Mother's Maiden Name H. Brooks

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Dougherty

9. Father's Occupation Coachsmith

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Simon Negus M.D.

Address 220 Pratt St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 30 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* June 24th
4. *Place of Birth (Street and Number)* Shields alley near Lombard st.
5. *Full Name of Mother* Martha Caldwell
6. *Mother's Maiden Name* " " Hemsley
7. *Mother's Birthplace* Talbot Co, Md.
8. *Full Name of Father* William Caldwell
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 150 Lombard st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12206

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	On the 24 of June
4. Place of Birth (Street and Number)	No 68 Chesnut Street.
5. Full Name of Mother	Lucy A Bennett
6. Mother's Maiden Name	Lucy A Brine
7. Mother's Birthplace	Talbot County M D
8. Full Name of Father	Charles H. Bennett
9. Father's Occupation	Hard Carrier
10. Father's Birthplace	Chester town
Name of Medical Attendant, or other Person who makes this Return.	Marie Gordon Jr
Address	Mid Wife No 57 East Street
Remarks	

12207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 24/76

4. Place of Birth (Street and Number) 00 S. Chas st

5. Full Name of Mother Clara B. Bowen

6. Mother's Maiden Name " Broan

7. Mother's Birthplace Washington DC

8. Full Name of Father Wm D. Bowen

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. I. Guenther

Address 379 W. Lombard st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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12205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th
4. Place of Birth (Street and Number)	195 Columbia
5. Full Name of Mother	Minnie Dettman
6. Mother's Maiden Name	Speh
7. Mother's Birthplace	Hanover
8. Full Name of Father	Henry Dettman
9. Father's Occupation	Machinist
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Geo. Knott
Address	128 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 25
4. Place of Birth (Street and Number)	282 S Bond St
5. Full Name of Mother	Anna Schmidt
6. Mother's Maiden Name	" Giltzau
7. Mother's Birthplace	Holstein
8. Full Name of Father	Charles Schmidt
9. Father's Occupation	Sailor
10. Father's Birthplace	Hamburg
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12210

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 25 June

4. Place of Birth (Street and Number) 17 Barnes St

5. Full Name of Mother Anna Rebecca

6. Mother's Maiden Name [illegible] Heiko

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father Wm Gilbert

9. Father's Occupation Schoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

~~12346~~
12211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of Juni
4. *Place of Birth (Street and Number)* Lurch St c/o 83
5. *Full Name of Mother* Cath Lemmert
6. *Mother's Maiden Name* Cath Lemmert
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1876 maggie Clifford ; do
1. Sex (state whether Male or Female)	most any thing is a female She
2. Race or Color (if not of the white race)	(Colored.) was born on the 24 th of June
3. Date of Birth	Low st near Chestnut-
4. Place of Birth (Street and Number)	her father is a Coachman and is
5. Full Name of Mother	he is 26 years old Clifford
6. Mother's Maiden Name	edicye the baby mother is
7. Mother's Birthplace	18 years old and was born
8. Full Name of Father	in Saint marys County
9. Father's Occupation	mr Clifford edicye
10. Father's Birthplace	Cochman
	mr & softy line
Name of Medical Attendant, or other Person who makes this Return.	June 30 th
Address — Sophia Hines	125 Chestnut st City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	one Female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	June 25th 1876
4. Place of Birth (Street and Number)	Durham street 267
5. Full Name of Mother	Sophie Steiger
6. Mother's Maiden Name	Sophie Remestorfer
7. Mother's Birthplace	Born 1857 17th Febr 17 Baltimore Md
8. Full Name of Father	Peter Steiger
9. Father's Occupation	
10. Father's Birthplace	Born 6th September 1854 Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 200 Aisquith Street
Remarks	

Abstract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 25th 1876
4. Place of Birth (Street and Number)	376 Saratoga St.
5. Full Name of Mother	Mary M. Franke
6. Mother's Maiden Name	M. M. Horn
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	C. Aug. Franke
9. Father's Occupation	Wheelwright
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hensel
Address	56 Scarlett
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25 1876
4. Place of Birth (Street and Number)	Baltimore Clarks Alley No 9.
5. Full Name of Mother	Mary Ann Ferguson.
6. Mother's Maiden Name	Mary Ann Walker.
7. Mother's Birthplace	Bornd in Elicott City
8. Full Name of Father	John Henry Ferguson.
9. Father's Occupation	Labor
10. Father's Birthplace	Bornd in Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Ruth Ann Riggins
Address	368 Hanover Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th 1876
4. Place of Birth (Street and Number)	92 - Columbia Avenue.
5. Full Name of Mother	Arabella Wilhelmina Baker
6. Mother's Maiden Name	Arabella Wilhelmina Dustmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Baker
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. H. Gibbons
Address	166 S. Paca
Remarks	

12217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th 1876
4. Place of Birth (Street and Number)	Hall Road
5. Full Name of Mother	Catharine Kelly
6. Mother's Maiden Name	Conners
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrismer
Address	129 E. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 24 1876
4. *Place of Birth (Street and Number)* 25 Morris Alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary A. Winder
7. *Mother's Birthplace* ~~do~~ Virginia
8. *Full Name of Father* Ephraim Winder
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bentley Doctress

Address No 85 Richard Street.

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

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12219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ds White

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 25th 1876.
4. Place of Birth (Street and Number) S. Broadway No. 138
5. Full Name of Mother Anna Benze mann
6. Mother's Maiden Name ~~Anna~~ Anna Trautwein
7. Mother's Birthplace Kindelbrück Pr. Preussen Germany
8. Full Name of Father Julius Benze
9. Father's Occupation Watchmaker
10. Father's Birthplace Fulda. Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th 1876
4. Place of Birth (Street and Number)	Hamburg st No 36
5. Full Name of Mother	Hester ~~Lorton~~ Della
6. Mother's Maiden Name	Hester Lorton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Della
9. Father's Occupation	Well Digger
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	Hamburg st No 92
Remarks	Both Doing Well at present

RETURN OF A BIRTH.

12221

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 27th 1876

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

Name: William Gustav Arnal

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 25th 1876.
4. *Place of Birth (Street and Number)* 306 Wolfe St.
5. *Full Name of Mother* Maggie (Arnold.) Arnal
6. *Mother's Maiden Name* Maggie (Goch.) Joh
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George (Arnold.) Arnal
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnal.

Address No 1378 Wolfe St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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12222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 25 1876
4. *Place of Birth (Street and Number)* 143 Wolf Street
5. *Full Name of Mother* Magaretha Magil Stangelaier
6. *Mother's Maiden Name* Magaretha Kaiser
7. *Mother's Birthplace* Baden
8. *Full Name of Father* Anton Stangelaier
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. M Leefever

Address 20 S Durham St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th June 1876
4. Place of Birth (Street and Number)	45 Stockston Alley
5. Full Name of Mother	Mrs Margeret Readman
6. Mother's Maiden Name	" C. Nib
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mr James Readman
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	C. Fullenkamp
Address	569 West Lombard St.
Remarks	Doing Well

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12224

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	25 Juni 1876
4. Place of Birth (Street and Number)	73 Lombard St.
5. Full Name of Mother	Cunigunda Steibenhofer
6. Mother's Maiden Name	Teichmeichel
7. Mother's Birthplace	Germany
8. Full Name of Father	Marcus Adam Steibenhofer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 Lombard St.
Remarks	

12225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Jun 25 1876
4. *Place of Birth* (Street and Number)	c/l 348 Light st.
5. *Full Name of Mother*	Mary Shafer
6. *Mother's Maiden Name*	Kaa
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Edward Shafer
9. *Father's Occupation*	Cigar maker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J Schroeder midwife
Address	213 Brook st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* June 26th 1876
4. *Place of Birth* (Street and Number) No 40 Raborg St.
5. *Full Name of Mother* Ellen Frisby
6. *Mother's Maiden Name* Ellen Rogers
7. *Mother's Birthplace* Lynchburg Va
8. *Full Name of Father* Samuel Frisby
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* June 25th 1876

4. *Place of Birth* (Street and Number) No 48 Amity St.

5. *Full Name of Mother* Rosa A Emory

6. *Mother's Maiden Name* Rosa C. Leonard

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* Amos Emory

9. *Father's Occupation* Porter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

George Henry Breitschwerdt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 June 1876
4. Place of Birth (Street and Number)	Br. Wal
5. Full Name of Mother	L Lorenz L Breitschwerdt
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Breitschwerdt
9. Father's Occupation	Plas Schmidt
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	L Panetee
Address	N. 88 E. Lombard
Remarks	GIVEN NAME ADDED. 9-16-5

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 T Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Feb~~ June 25
4. Place of Birth (Street and Number)	Hanover St 209
5. Full Name of Mother	Antonette Krause
6. Mother's Maiden Name	Sichat
7. Mother's Birthplace	France
8. Full Name of Father	C. F. Krause
9. Father's Occupation	Cabinet
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Mary Ross
Address	325 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1776 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of June
4. Place of Birth (Street and Number)	49 Essex street
5. Full Name of Mother	Margret Weber
6. Mother's Maiden Name	Margret Heinrichs
7. Mother's Birthplace	Barbel
8. Full Name of Father	Jacob Weber
9. Father's Occupation	Schomaker
10. Father's Birthplace	Charlotaback
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avnue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 26 - 1876
4. Place of Birth (Street and Number)	148 N. Eighth St
5. Full Name of Mother	Margaret Ward
6. Mother's Maiden Name	" Hagerty
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Ward
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Kreimer
Address	129 E. Monument St
Remarks	

RETURN OF A BIRTH.

12232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1876
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

(state whether Male or Female) female

ce or Color (if not of the white race) declared

te of Birth june the 26 18 76

ace of Birth (Street and Number) no 225 mulliken st.

ll Name of Mother emmes Does

ther's Maiden Name emmes Dixon

ther's Birthplace eastern shore md.

ll Name of Father. Desies Does

ther's Occupation barber

ther's Birthplace washington D.C.

me of Medical Attendant, or other Person who makes this Return.

ldress

marks

12233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) [redacted]

3. *Date of Birth* June 26 1876

4. *Place of Birth* (Street and Number) 1021 Stevenson st

5. *Full Name of Mother* Josephine Eileen

6. *Mother's Maiden Name* Josephine Sheehan

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Joseph Eileen

9. *Father's Occupation* Painter

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 1021 Stevenson st.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* June 26th 1875
4. *Place of Birth (Street and Number)* N.o 3 Welcome Alley
5. *Full Name of Mother* Virginia Hays
6. *Mother's Maiden Name* Virginia Myers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Hayes
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address N.o 1 Potapsco Avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 26th 1876.
4. Place of Birth (Street and Number)	28 S. Paca
5. Full Name of Mother	Bertha Myers.
6. Mother's Maiden Name	Stern
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Myers.
9. Father's Occupation	Horse Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Saml. T. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 26 June
4. *Place of Birth (Street and Number)* dunbin ally 109
5. *Full Name of Mother* mary E rowlether
6. *Mother's Maiden Name* mary E yeariker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* thomal. rowlether
9. *Father's Occupation* poster
10. *Father's Birthplace* cumberland

Name of Medical Attendant, or other Person who makes this Return. mary Jenner 153 chestnut st

Address

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 26th of June 1876
4. *Place of Birth* (Street and Number) 110 N. Caroline St.
5. *Full Name of Mother* Lizzie Ruth
6. *Mother's Maiden Name* Lizzie Benjamin
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Levi L. Ruth
9. *Father's Occupation* Depot Master Union R. R.
10. *Father's Birthplace* Delaware

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	26th June
4. Place of Birth (Street and Number)	William St 217
5. Full Name of Mother	Mary Ann Kessler
6. Mother's Maiden Name	Mary Ann Welty
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Kessler
9. Father's Occupation	Laborer
10. Father's Birthplace	Cincinnati Ohio
Name of Medical Attendant, or other Person who makes this Return.	Wm Martin
Address	West St. 120
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of June
4. Place of Birth (Street and Number)	William St N. 348.
5. Full Name of Mother	Belie Harrison
6. Mother's Maiden Name	Belie Burrse.
7. Mother's Birthplace	Irland
8. Full Name of Father	Jeffrey Harrison
9. Father's Occupation	Labenter
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 125.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

122140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 26th 1876

4. Place of Birth (Street and Number) 57 Park Ave

5. Full Name of Mother Catherine Clarkin

6. Mother's Maiden Name Kelly

7. Mother's Birthplace Ireland

8. Full Name of Father Henry Clarkin

9. Father's Occupation Clerk

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Revenzetti (Midwife)

Address 220 Pratt St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 26 1876

4. *Place of Birth (Street and Number)* 47 Eutaw

5. *Full Name of Mother* Sarah Mooney

6. *Mother's Maiden Name* Heiss

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph Edward Mooney

9. *Father's Occupation* Ship finisher

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. C. O'Brien M.D.

Address 195 N. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12,212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 26th
4. Place of Birth (Street and Number)	151 S Washington St
5. Full Name of Mother	Hannah E Kerr
6. Mother's Maiden Name	" Mc. Donald
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Kerr
9. Father's Occupation	Ship Wright
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Hannah E Knowles
Address	212 Eastern ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1904.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 V
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 26
4. Place of Birth (Street and Number)	162 Hamburg
5. Full Name of Mother	Barbara Heilman
6. Mother's Maiden Name	Hetlinger
7. Mother's Birthplace	Prussia
8. Full Name of Father	George Heilman
9. Father's Occupation	Cooper
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Digel
Address	328 S Eutaw St
Remarks	

12211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27. 1876
4. Place of Birth (Street and Number)	238 Madison Av.
5. Full Name of Mother	Catharine A. Fillinger
6. Mother's Maiden Name	Cath A. Smith
7. Mother's Birthplace	Balt City
8. Full Name of Father	Geo N. Fillinger
9. Father's Occupation	
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brown MD
Address	20 W. Biddle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 8th 1916

4. Place of Birth (Street and Number) 1 S. Bond St

5. Full Name of Mother Mary Dorsheimer

6. Mother's Maiden Name Mary Bell

7. Mother's Birthplace Balto City

8. Full Name of Father George Dorsheimer

9. Father's Occupation Painter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Gatewood

Address 22 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 June
4. *Place of Birth (Street and Number)* 122 dunkin alley
5. *Full Name of Mother* annie eling hose
6. *Mother's Maiden Name* annie rierer
7. *Mother's Birthplace* germany
8. *Full Name of Father* tom eling hose
9. *Father's Occupation* engineer
10. *Father's Birthplace* germanny

Name of Medical Attendant, or other Person who makes this Return. mary conner 153 chestnut st

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents,-and the maiden name of the mother of such child or children.

12247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	American
3. Date of Birth	June 2nd 1876
4. Place of Birth (Street and Number)	Lamard St. # 114
5. Full Name of Mother	Mary Roesler
6. Mother's Maiden Name	" Sweiger
7. Mother's Birthplace	Europe
8. Full Name of Father	William Roesler
9. Father's Occupation	Restaurant
10. Father's Birthplace	Bayer Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Wellj
Address	48 Holland St Balto Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12.2.115

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 27th 1876

4. Place of Birth (Street and Number) No 62 S Wolfe st.

5. Full Name of Mother Maria Kuhnert

6. Mother's Maiden Name Kaufmann

7. Mother's Birthplace Germany

8. Full Name of Father Lorenz Keekner

9. Father's Occupation Schoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bustmann

Address 129 Bank st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 t.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 27th 1876.
4. *Place of Birth (Street and Number)* Bolton Street. No 15.
5. *Full Name of Mother* Kunegunde Kaufer
6. *Mother's Maiden Name* Kunegunde Fiesser
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Kaufer
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr Matthew Bruce

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 June
4. *Place of Birth (Street and Number)* Farmer to Arlington ave.
5. *Full Name of Mother* Louise Frantz Frentz
6. *Mother's Maiden Name* Dierkoding
7. *Mother's Birthplace* Bremen Germanie
8. *Full Name of Father* Hermann C. A. Frentz
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace* Mecklenburg-Schwerin. Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Twin

RETURN OF A BIRTH.

12251
12252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth & sixth
1. Sex (state whether Male or Female)	Male and Female
2. Race or Color (if not of the white race)	Irish
3. Date of Birth	June 27th 1876
4. Place of Birth (Street and Number)	No 2 Stockholm St.
5. Full Name of Mother	Jane Dehn
6. Mother's Maiden Name	Jane Trumbo
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Lewis Dehn
9. Father's Occupation	Harness-Maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	C. L. Johnson M.D.
Address	163 S. Paca St.
Remarks	Male born first, head presentation, Female foot presentation, Both children well formed & living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	No 8 11
1. Sex (state whether Male or Female)	female colored
2. Race or Color (if not of the white race)	colored
3. Date of Birth	June 27th 1876
4. Place of Birth (Street and Number)	No. 328 Durham
5. Full Name of Mother	Henrietta Ellis
6. Mother's Maiden Name	" Freeman
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	James Ellis
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Lillie Jackson Medical
Address	212 E. Middleton St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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12251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 27 1876
4. Place of Birth (Street and Number)	No 205 Washington st
5. Full Name of Mother	Sarah E Whitbecker
6. Mother's Maiden Name	Sarah E Patton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John R Whitbecker
9. Father's Occupation	Labour
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ann E Ball
Address	No 171 Chester st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th
4. Place of Birth (Street and Number)	20 Richmond St.
5. Full Name of Mother	Lizzie Zipik
6. Mother's Maiden Name	" Flynn
7. Mother's Birthplace	Eastport, Maine
8. Full Name of Father	Lehr B. Zipik
9. Father's Occupation	Steeketch
10. Father's Birthplace	Illinois
Name of Medical Attendant, or other Person who makes this Return.	Dr. Green & Shemick
Address	131 N. Fielder
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1876.
4. Place of Birth (Street and Number)	161 Caroline St
5. Full Name of Mother	Margaret Virginia Duckinson
6. Mother's Maiden Name	Margaret Virginia Lovett
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Jarvis Duckinson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. F. Gillis M.D.
Address	93 N. Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1876
4. Place of Birth (Street and Number)	135 Jefferson st Balt
5. Full Name of Mother	Maggie E Royston
6. Mother's Maiden Name	Maggie E Wilson
7. Mother's Birthplace	Lancaster Pa
8. Full Name of Father	Geo R. Royston
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt Co. Md
Name of Medical Attendant, or other Person who makes this Return.	John J. Conner
Address	286. E. Balt st
Remarks	

rect Record of Vital Statistics in the City of Baltim

That any physician, accoucheur, midwife, or other person in charge, who shall att
advise at the birth of any child, within the City of Baltimore, shall report to the registr
within six days thereafter, stating distinctly the
born, its or their physical condition, whether stil
of the parents, and the maiden name of the moth

the date of birth, sex, and color of the child
r still born or not, the full name, nativity, and
mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 12258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th June
4. Place of Birth (Street and Number)	Cross St. No. 63
5. Full Name of Mother	Mary Hallard
6. Mother's Maiden Name	Mary Hatter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hallard
9. Father's Occupation	Copper
10. Father's Birthplace	Dorchester Co.
Name of Medical Attendant, or other Person who makes this Return.	Wes Martin
Address	West St No 129
Remarks	

12239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1876
4. Place of Birth (Street and Number)	134 Lexington
5. Full Name of Mother	Frances Joseph Wahman
6. Mother's Maiden Name	Ernst
7. Mother's Birthplace	Brooklyn New York
8. Full Name of Father	Jurgen Wahman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Saml. T. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Penalties in the City of Baltimore.

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RETURN OF A BIRTH.

12.2.69

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 27th 1876
4. Place of Birth (Street and Number)	504 Pennsylvania Ave
5. Full Name of Mother	Mary Echelon
6. Mother's Maiden Name	E. Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Echelon
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Buchanan (Mid)
Address	220 Preston St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12257
12261

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Zwölfter Sohn

1. *Sex* (state whether Male or Female) Männlich
2. *Race or Color* (if not of the white race) Weiß
3. *Date of Birth* 27 Juni
4. *Place of Birth* (Street and Number) 222 Sault.
5. *Full Name of Mother* Maria Kummer
6. *Mother's Maiden Name* Mayer Forst
7. *Mother's Birthplace* Lenzfurt Lüzzaun
8. *Full Name of Father* Johann Kummer
9. *Father's Occupation* Zuckerbäcker "
10. *Father's Birthplace* Lenzfurt Lüzzaun

Name of Medical Attendant, or other Person who makes this Return. M. M. Arney

Address No 32 Lieut & Thal Sts

Remarks

12262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 7

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on The 27th of June 1876
4. *Place of Birth (Street and Number)* No 803 West Pratt St.
5. *Full Name of Mother* Mary Bowersmith
6. *Mother's Maiden Name* Mc Keller
7. *Mother's Birthplace* Offelt Germany Bavaria
8. *Full Name of Father* John Bowersmith
9. *Father's Occupation* Beer Reprietor
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Killar

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12263

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	White Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1876
4. Place of Birth (Street and Number)	166. Spring st.
5. Full Name of Mother	Mary E. Gardner
6. Mother's Maiden Name	Mary E. Jubb
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William H. Gardner
9. Father's Occupation	Canmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary. Conner
Address	159. Choptank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 27th 1876

4. *Place of Birth (Street and Number)* Forest St.

5. *Full Name of Mother* Kate Fisher.

6. *Mother's Maiden Name* Kate Mehring

7. *Mother's Birthplace* Hesse Darmstadt

8. *Full Name of Father* Frederich M.H. Fisher

9. *Father's Occupation* Tin & Sheetiron worker

10. *Father's Birthplace* Nordhausen, Russia

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 123 Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. *Sex* (state whether Male or Female) Male female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 28th of June 1876

4. *Place of Birth* (Street and Number) No 22 Paxson St.

5. *Full Name of Mother* Kate Kestler

6. *Mother's Maiden Name* Kate Fagan

7. *Mother's Birthplace* born in the City of Baltimore

8. *Full Name of Father* John T. Kestler

9. *Father's Occupation* Labourer

10. *Father's Birthplace* ~~Ohio~~ Germany Bavary

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millar

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 30 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1876
4. Place of Birth (Street and Number)	479 Penna. Ave.
5. Full Name of Mother	Jane E. Brown
6. Mother's Maiden Name	Wright
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	Jas. S. Brown
9. Father's Occupation	Painter
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	D. H. Christian M.D.
Address	437 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28th of June
4. Place of Birth (Street and Number)	Cathedral St
5. Full Name of Mother	Elizabeth Caswell
6. Mother's Maiden Name	Alden
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Levi Caswell
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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U086

12268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 28. 1876.
4. Place of Birth (Street and Number)	229 Fenton Av.
5. Full Name of Mother	Dorothea Haefner
6. Mother's Maiden Name	Dorothea Koehler
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Wilhelm Haefner
9. Father's Occupation	~~Tailor~~ Backer
10. Father's Birthplace	Grunzenburg Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Baumann
Address	1028 South Wolfe St.
Remarks	Mid Wife

RETURN OF A BIRTH.

12269

HEALTH DEPARTMENT
JUL 11 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth 28 June

4. Place of Birth (Street and Number) 922 Caroline St

5. Full Name of Mother Fr. Schimanski

6. Mother's Maiden Name Fiske

7. Mother's Birthplace Mecklenburg Schwerin

8. Full Name of Father Franz Schimanski

9. Father's Occupation Plasterer

10. Father's Birthplace Saxe Lauenburg

Name of Medical Attendant, or other Person who makes this Return. Jos Conrad

Address 1 E Pratt St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 28 of June 1876
4. *Place of Birth (Street and Number)* on Sheffield, in Baltimore,
5. *Full Name of Mother* Cate Steed,
6. *Mother's Maiden Name* Cate Kelly,
7. *Mother's Birthplace* in Island,
8. *Full Name of Father* Wilhem Steed,
9. *Father's Occupation* Labore work,
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsbinger

Address No 14 Main st,

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 5 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1876
4. Place of Birth (Street and Number)	No 233 E. Biddle St.
5. Full Name of Mother	Alice Walter
6. Mother's Maiden Name	Alice Cammack
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	John Walter
9. Father's Occupation	Bookbinder
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. M. A. Bull.
Address	No 209 Monument St. Cor. Caroline
Remarks	Santa Cruz

12272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1876
4. Place of Birth (Street and Number)	130 Saratoga St.
5. Full Name of Mother	Caroline Hyman
6. Mother's Maiden Name	Caroline Lange
7. Mother's Birthplace	Rheinpfalz Germany
8. Full Name of Father	John Martin Hyman
9. Father's Occupation	Wood Carver
10. Father's Birthplace	Rheinpfalz Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M.D.
Address	70 Courtland St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th
4. Place of Birth (Street and Number)	341 E. Balt St.
5. Full Name of Mother	Kate Flaherty
6. Mother's Maiden Name	Kate Bleeset
7. Mother's Birthplace	Balto, Md.
8. Full Name of Father	Mr Flaherty
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	John F. Hammond M.D.
Address	5 W. Colvert Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

122711

HEALTH DEPARTMENT
JUL 5 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 28th

4. Place of Birth (Stree and Number) S. Peter st 49.

5. Full Name of Mother Ellen Decker

6. Mother's Maiden Name Ellen Henrichle

7. Mother's Birthplace Baltimore

8. Full Name of Father John Decker

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. A. Badenhorn

Address No 106 Columbus Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12295

HEALTH DEPARTMENT
JUL 5 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth June 28. 1876.

4. Place of Birth (Street and Number) 215 Montgomery St.

5. Full Name of Mother Mary Virginia.

6. Mother's Maiden Name Hall.

7. Mother's Birthplace Baltimore Co.

8. Full Name of Father L. H. Watkins,

9. Father's Occupation R. R. Conductor B. & O. R. R.

10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Dr H. P. Thorpe

Address 95 Strathpeffer

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1876
4. Place of Birth (Street and Number)	37 N. Bond St
5. Full Name of Mother	Elizabeth Starr
6. Mother's Maiden Name	Sheldon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Starr
9. Father's Occupation	Watchman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore F. Thomsen
Address	129 E. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 — the 6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th June, 1876.
4. Place of Birth (Street and Number)	370 Franklin St.
5. Full Name of Mother	Rebecca Jane Shockley
6. Mother's Maiden Name	Rebecca Jane Fishpaw.
7. Mother's Birthplace	Owensville Md.
8. Full Name of Father	John Asburn Shockley.
9. Father's Occupation	Coal Merchant.
10. Father's Birthplace	A. A. Co, Md
Name of Medical Attendant, or other Person who makes this Return.	A. H. Tetall.
Address	231 Franklin St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juni 28d. 1876
4. *Place of Birth (Street and Number)* E. Monument near Gist Street
5. *Full Name of Mother* Lisabet Freiberg
6. *Mother's Maiden Name* L. Hofman
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Karl Freiberg
9. *Father's Occupation* Chr Wurker
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Budiger

Address 134 N. Bondstreet.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12279

1 c

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c.) /

x (state whether Male or Female) d Boy

ace or Color (if not of the white race) Colored

ate of Birth Born on June 28 1876

lace of Birth (Street and Number) Liberty Alley

ull Name of Mother Georgie Hall

other's Maiden Name Same Georgie Hall

other's Birthplace Calvert County

ull Name of Father Unknown

ather's Occupation Unknown

other's Birthplace Unknown

ame of Medical Attendant, or other Person who makes this Return. Caroline

ddress June 22 Stockton alley

emarks the mid wife.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Wednesday, June 28th, 1876

4. Place of Birth (Street and Number) No. 137 Jefferson Street Baltimore,

5. Full Name of Mother Mrs Adeline Gill

6. Mother's Maiden Name Mitchell,

7. Mother's Birthplace Baltimore.

8. Full Name of Father William Franklin Gill

9. Father's Occupation Type Caster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry A Mewill

Address 286 N. Longe St.

Remarks

12281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Juni 28 d. 1876
4. Place of Birth (Street and Number)	23 ~~A~~ Miller Stret
5. Full Name of Mother	Mina Miller
6. Mother's Maiden Name	M. Flamel
7. Mother's Birthplace	Germane
8. Full Name of Father	Fritz Miller
9. Father's Occupation	Kabenter
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Stret
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Wednesday Morning June 28th 8½

4. *Place of Birth (Street and Number)* Paluxent St Between Hudson & Lancaster St

5. *Full Name of Mother* Mary Adison Smith

6. *Mother's Maiden Name* Williams Jackson

7. *Mother's Birthplace* Penn

8. *Full Name of Father* William H Adison

9. *Father's Occupation* Engineer

10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. J Pinkard M D

Address 38 O'Donnell St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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12263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* June 28 1876.

4. *Place of Birth (Street and Number)* East Baltimore St. No 421

5. *Full Name of Mother* ~~Deborah Blake~~ Marion Blake

6. *Mother's Maiden Name* Adriana Wolcott

7. *Mother's Birthplace* Baltimore Maryland

8. *Full Name of Father* Charles Blake

9. *Father's Occupation* Builder

10. *Father's Birthplace* County Mayo. Ireland.

Name of Medical Attendant, or other Person who makes this Return. Albert Lyman M.D. & L.M. Dublin

Address 375 East Baltimore St.

Remarks Labour tedious. Chloroform & Forceps used.

6

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12284

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 25th 1876
4. Place of Birth (Street and Number)	550 Penna Ave
5. Full Name of Mother	Kate Hetrick
6. Mother's Maiden Name	Mary Kenny
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Abraham Hetrick
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Provenzahl Quinn
Address	220 Preston St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12285

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 28 June

4. Place of Birth (Street and Number) 36 Pratt Street

5. Full Name of Mother Barbara Doser

6. Mother's Maiden Name Kober

7. Mother's Birthplace Germany

8. Full Name of Father Fredrick Doser

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Lumare

Address No 70 Greenlay Street

Remarks

12286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child No 2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Negro.
3. Date of Birth	June 28, 1876
4. Place of Birth (Street and Number)	Davis St 4 72.
5. Full Name of Mother	Lucy Ann Black
6. Mother's Maiden Name	Lucy Ann Hawkins
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Willis Henry Black
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo H. Stark
Address	126 Mulberry St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) /

1. Sex (state whether ~~Male or~~ Female)

2. Race ~~or~~ Color (if not of the white race) White

3. Date of Birth 29th June 1876.

4. Place of Birth (Street and Number) 83 Bank St.

5. Full Name of Mother Margaret Cox.

6. Mother's Maiden Name Margaret Nagle.

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father William Henry Cox.

9. Father's Occupation Clerk.

10. Father's Birthplace Brownsville Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Sathill.

Address 207 S. Broadway.

Remarks

Extract, Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12285

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	28 June 1876
4. Place of Birth (Street and Number)	6 Broad Alley
5. Full Name of Mother	Minnie Nathan
6. Mother's Maiden Name	Stern
7. Mother's Birthplace	Germany
8. Full Name of Father	Abraham Nathan
9. Father's Occupation	Peddler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	22 E Lexington St.
Remarks	

12289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28 June 876
4. Place of Birth (Street and Number)	53 Common St.
5. Full Name of Mother	Mary Ann Smith
6. Mother's Maiden Name	" " Enoch
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Smith
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah E. Cooper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12,299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 June 29 1876

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (~~if not of the white race~~) Colerd

3. Date of Birth June 29 1876 Morning

4. Place of Birth (Street and Number) No 24 Morris Alley

5. Full Name of Mother Ellen Chesley

6. Mother's Maiden Name Ellen Gilpin

7. Mother's Birthplace Richmond Va

8. Full Name of Father Jacob Chesley

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. H Brack Md

Address No 23 Bath st

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 29th 1876
4. *Place of Birth (Street and Number)* Corner St Paul & Chas sts
5. *Full Name of Mother* Elizabeth M. Rhodes
6. *Mother's Maiden Name* Elizabeth Manly
7. *Mother's Birthplace* Newbern N. Carolina
8. *Full Name of Father* James S Rhodes
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Edenton N. Carolina

Name of Medical Attendant, or other Person who makes this Return. F E Chatard

Address N 114 Park Ave.

Remarks

Return of Registrar of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th 1876
4. Place of Birth (Street and Number)	No 60 Booth St
5. Full Name of Mother	Anna Bibelhouse
6. Mother's Maiden Name	Anna Baehman
7. Mother's Birthplace	Hessen Cassel
8. Full Name of Father	William Bibelhause
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 29 Monroe St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or, their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 29 June
4. *Place of Birth (Street and Number)* eastern avenue 314
5. *Full Name of Mother* mary ann keller
6. *Mother's Maiden Name* marz ann tracy ~~keller~~
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* charles a keller
9. *Father's Occupation* fudler
10. *Father's Birthplace* elliott city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153 choptank st

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born alive or still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	female ~~male~~
2. Race or Color (if not of the white race)	American
3. Date of Birth	No. Eldeney St # 94
4. Place of Birth (Street and Number)	June 29 1876
5. Full Name of Mother	Mary Jane Elliott
6. Mother's Maiden Name	" " Wolf
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	David William Wolf
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kellig
Address	48 Holland St Balto City
Remarks	

12295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	mulb.
3. *Date of Birth*	d. 29 July 1876.
4. *Place of Birth* (Street and Number)	Baltimore. n Elliott St. 21.
5. *Full Name of Mother*	Auguste Heskell.
6. *Mother's Maiden Name*	Peters.
7. *Mother's Birthplace*	Sachsen.
8. *Full Name of Father*	Wilhelm Heskel
9. *Father's Occupation*	Zimmerm. [illegible]
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Anna Zimmer.
Address	E Elliott St. No 61.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 29th 1876
4. Place of Birth (Street and Number)	56 N Washington
5. Full Name of Mother	Caroline Hilbert
6. Mother's Maiden Name	Friedericka
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Hilbert
9. Father's Occupation	Driver
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	120 Bank St
Remarks	

12297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth June 29th 1876.

4. Place of Birth (Street and Number) William Street No 853.

5. Full Name of Mother Margreth Osterhaus.

6. Mother's Maiden Name Margreth Bleek

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Clemens Osterhaus.

9. Father's Occupation Carpenter.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Dr Dorothea Brune

Address 114 Battery Av

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	29th June
4. *Place of Birth (Street and Number)*	242 Easter Av
5. *Full Name of Mother*	Sophia Elizebeth Will
6. *Mother's Maiden Name*	Garner
7. *Mother's Birthplace*	Germania Brunswich
8. *Full Name of Father*	John Will
9. *Father's Occupation*	Bakery
10. *Father's Birthplace*	Slumbery at the Ome
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brandt
Address	No 21 S South Bond str
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health relating to Registration of Births and Deaths and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12299

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Juni 29 1876
4. Place of Birth (Street and Number)	23 E Stret
5. Full Name of Mother	Lareline Prusing
6. Mother's Maiden Name	L Kinel
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Johan Prusin
9. Father's Occupation	Labenetmaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Stret
Remarks	

RETURN OF A BIRTH.

12,300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Fla

2. Race or Color (if not of the white race)

3. Date of Birth 29th June 1876.

4. Place of Birth (Street and Number) 155 Argyle Av.

5. Full Name of Mother Sabella Foreman

6. Mother's Maiden Name Ingram

7. Mother's Birthplace Baltimore

8. Full Name of Father Leander Foreman

9. Father's Occupation Builder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Chancellor M.D.

Address

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 / 1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29
4. Place of Birth (Street and Number)	2 Ryan Ave Cecil County
5. Full Name of Mother	Ann Magen
6. Mother's Maiden Name	
7. Mother's Birthplace	Donegal Ireland
8. Full Name of Father	Timothy Linehan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Mercer
Address	McHenry St 136
Remarks	

Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1	1	1
1. *Sex* (state whether Male or Female)	Male		
2. *Race or Color* (if not of the white race)	colored		
3. *Date of Birth*	June 29th		
4. *Place of Birth* (Street and Number)	22 Edwards st		
5. *Full Name of Mother*	Sarah Ann Elizabeth Holland		
6. *Mother's Maiden Name*	Sarah Ann Elizabeth Miller		
7. *Mother's Birthplace*	Balt city		
8. *Full Name of Father*	Alonzo Holland		
9. *Father's Occupation*	In a packing house		
10. *Father's Birthplace*	Balt city		
Name of Medical Attendant, or other Person who makes this Return.			
Address			
Remarks	Sarah Lizzie 2 r Arcanost		

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to secure a just title to property.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 29th June 1876
4. *Place of Birth (Street and Number)* Baltimore Charles St. 258 c to.
5. *Full Name of Mother* Sophia Fisher
6. *Mother's Maiden Name* Sophia Will
7. *Mother's Birthplace* Friendship. Md.
8. *Full Name of Father* Ferdinand Fisher
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Marburg Prussia

Name of Medical Attendant, or other Person who makes this Return M. M. Strine

Address No. 32. Lexington Street

Remarks

RETURN OF A BIRTH.

12304

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th
4. Place of Birth (Street and Number)	241 Hanover St
5. Full Name of Mother	Columbia J. Bland
6. Mother's Maiden Name	Burton
7. Mother's Birthplace	Norfolk Va
8. Full Name of Father	Jno. H. Bland
9. Father's Occupation	Grocer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	I. C. Burch M D
Address	141 Hanover St
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 29th 1876.
4. Place of Birth (Street and Number)	
5. Full Name of Mother	M. Katen
6. Mother's Maiden Name	M. Kelan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Anton Katen
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col.
3. *Date of Birth* Baltimore June 27th 1876
4. *Place of Birth (Street and Number)* Cross St No 263 Cross St
5. *Full Name of Mother* Sarah Groce
6. *Mother's Maiden Name* Single
7. *Mother's Birthplace* Annapolis md
8. *Full Name of Father* John Arne Strang
9. *Father's Occupation* Hod carier
10. *Father's Birthplace* Easton Shore md

Name of Medical Attendant, or other Person who makes this Return. Mrs E Hues

Address Cross St. No 263

Remarks

Extract from Regulations of the Board of Health relative to Returns of Births and Deaths.

Duty to Report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	" Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th 1876
4. Place of Birth (Street and Number)	Point House " 1st House South of Aqueduct
5. Full Name of Mother	Ruth Nivel
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William A. Nivel
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas. A. McCormick M.D.
Address	#134 N. Exeter St.
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12.305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29 1876
4. Place of Birth (Street and Number)	329 Bond St
5. Full Name of Mother	Annie, M, Martienssen
6. Mother's Maiden Name	Annie M Schnitzer
7. Mother's Birthplace	Greenville New Jersey
8. Full Name of Father	Louis H Martienssen
9. Father's Occupation	Mariner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	the child name Annie, Eliza Martienssen
Remarks	the child is healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Baltimore, June 1st 1876.

HEALTH DEPARTMENT
JUN 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 1st 1876.
4. *Place of Birth (Street and Number)* 183 Durham St.
5. *Full Name of Mother* Maggie Lankemann
6. *Mother's Maiden Name* Maggie Dittmann.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Lankemann.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mc Arnold.

Address No 137 S Wolfe St.

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Baltimore June 30th 1876.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex (state whether Male or Female)* Female.

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* June 29th 1876.

4. *Place of Birth (Street and Number)* 108 Chapple St.

5. *Full Name of Mother* Rose Eder.

6. *Mother's Maiden Name* Rose Schneider.

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Mc. Eder.

9. *Father's Occupation* Barber

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S Wolfe St.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 4th DAY Oct
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH # 4911 AND
ENDING WITH # 12310 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: Ronald Shaefer

END OF REEL